# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **April 1**<sup>st</sup> **through 15**<sup>th</sup>. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR

FEDERAL	ASSISTA	PERING HOUSE	2. DATE SUBMITTED April 14	. 2003	Applicant Identifier			
1. TYPE OF SUI	MISSION:		3. DATE RECEIVED BY		State Application Identifier			
Application		Preapplication		O'A'L	otato rippilogioni adriano.			
Construct	tion	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
✓ Non-Cons		☐ Non-Construction	en i		CSH900332			
5. APPLICANT	NFORMATION							
	t Medical S		Organizational Unit: North East Medical Services					
Address (give cit	ty, county, State	and zip code):	1	number of person to be contacted on matters involving				
1520 Stoc	kton Street	,	this application (give area code)					
San Franc	isco, CA 9	4133		Linda Bien (415) 391-9686				
	·	N NUMBER (EIN):		<del></del>	NT: (enter appropriate letter in box)			
94-	1 7 2 2	<del></del>		A. State	H. Independent School Dist.			
8. TYPE OF API	PLICATION:			B. County	I. State Controlled Institution of Higher Learning			
	Nev	✓ ☐ Continuation	☐ Revision	C. Municipal	J. Private University			
				D. Township	K. Indian Tribe			
If Revision, enter	r appropriate lett	er(s) in box(es)		E. Interstate L. Individual				
A. Increase Av	ard P.Doo	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non-Profit			
D. Decrease D		specify):	Duradon	G. Special District	N. Other (Specify)			
		opeany).		9. NAME OF FEDERA	AL AGENCY:			
				BPHC				
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:			
		Γ		Establish a new dental clinic in Leland Ave/Ascencion				
	,	L		Valley neighborhood of San Francisco, S.F. County, CA				
		03-03, Oral Health Ser						
12. AREAS AFF	ECTED BY PRO	DJECT (Cities, Counties, State	tes, etc.):					
City and Cou	inty of San F	rancisco, CA						
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	J.,				
Start Date	Ending Date	a. Applicant		b. Project				
7/1/03	1/31/04	5th	1	-	5th			
15. ESTIMATED	FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal		.\$	.00					
		200,000		a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE			
b. Applicant		\$	.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  04/14/03				
c. State		\$	.00					
d. Local		\$	.00	b. No. TI PROGRA	AM IS NOT COVERED BY E. O. 12372			
e. Other		\$	.00	· —	GRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Incor	 ne	\$	.00					
		358,924		17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL		\$ 558,924	l 0 <sup>.00</sup>	Yes If "Yes,"	attach an explanation.			
					TION ARE TRUE AND CORRECT, THE			
į.		THE ASSISTANCE IS AWA		E APPLICANT AND IT	HE APPLICANT WILL COMPLY WITH THE			
a. Type Name o	•	presentative	b. Title President		c. Telephone Number (415) 391-9686			
d. Signature of A		esentative	1 resident		e. Date Signed			
Previous Edition	20 H	(Vong			April 9, 2003  Standard Form 424 (Rev. 7-97)			

Previous Edition Usable
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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATI	ON FOR		2. DATE SUBMITTED	)	Applicant Identifier			
FEDERAL A	ASSISTAN	CE	April 14,	2003				
1. TYPE OF SUBMISSIO	ON:		3. DATE RECEIVED I	BY STATE	State Application Identifier			
Application	Preapplication							
Construction	Constru	CUON	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construction	Non-Co	nstruction						
5. APPLICANT INFO	RMATION							
Legal Name:				Organizational Unit:				
County of Sa	an Mateo Hu	ıman Servi	ces Agency		d Other Drug Servic			
Address (give city, county				Name and telephone nu (give area code)	umber of the person to be contacted on a	matters involving this application		
400 Harbor H Belmont, San			1002	Yvonne Fra:	zier, Administrato:	r		
Beimone, Sar	r mateo coo		BE IVE	(650) 802-9	5067			
6. EMPLOYER IDENTIF	ICATION NUMBER (E		PRI 1 5 2003	7. TYPE OF APPLICAL	NT: (enter appropriate letter in box)			
9 4	1 - 6 0 0	0 0 5 3	P27 1 5 2003	A. State	H. Independent School Dist.	В		
8. TYPE OF APPLICATI	ON:			B. County	I. State Controlled Institution of	of Higher Learning		
	X New Continua	tion	levision DIAIO LI	C. Municipal	J. Private University K. Indian Tribe			
		19TATE	GLEARING H	E Interstate	L. Individual			
If Revision, enter appr	opriate letter(s) in box(	es):		F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify):			
A. Increase Award	B. Decrease A	ward C. Ir	crease Duration	O. Opediar Brosion	11. Odio! (Opeony).			
D. Decrease Durat	ion Other (specify,	):		9. NAME OF FEDER	RAL AGENCY:			
				HHS/SAMHSA				
10. CATALOG OF FEDE				11. DESCRIPTIVE T	TITLE OF APPLICANT'S PROJEC	:T:		
ASSISTANCE NUME	BER:		-	San Mated	Chronic Homeless	ness Initiative		
TITLE: Coll	aborative	Initiative	•					
12. AREAS AFFECTED	BY PROJECT (cities,	counties, states, etc.,	:					
San Mateo	County, CA	1						
13. PROPOSED PRO	JECT:		IONAL DISTRICTS OF	:				
Start Date	Ending Date	a. Applicant			b. Project			
07/01/03	06/30/06	10			12 14			
		12	Lac to applicate	ON CUR LECT TO DEVIS	12,14 EW BY STATE EXECUTIVE ORDER 12	272 PDOCESS2		
15. ESTIMATED FUN				ON SUBJECT TO REVIE	W BI STATE EXECUTIVE ORDER 12	3/2 FROCE33!		
a. Federal	\$	700,0	a. YES. ORDE	THIS PREAPPLICATION ER 12372 PROCESS FO	I/APPLICATION WAS MADE AVAILABL R REVIEW ON:	LE TO THE STATE EXECUTIVE		
b. Applicant	\$		.00 DATE	E April 14, 2003				
c. State	\$		.00					
d. Local	\$		.00 b. NO.	PROGRAM IS NOT COVERED BY E.O. 12372				
e. Other \$ .00			OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW					
			- 47 10 400110471	ON DELINOUENT ON A	NV FEDERAL DERTS			
f. Program Income	\$		.00 17. IS APPLICATION	ON DELINQUENT ON A				
TOTAL				"Yes," attach an explana	tion. No	X		
g. TOTAL	\$	700,00	.00 0 O					
18. TO THE BEST OF M	Y KNOWLEDGE AND	BELIEF, ALL DATA	IN THIS APPLICATION/PI	REAPPLICATION ARE T	RUE AND CORRECT, THE DOCUMEN SURANCES IF THE ASSISTANCE IS A	IT HAS BEEN DULY AUTHORIZED		
a. Typed Name of Au			JOPAN WILL COMPLY WI	b. Title	COLUMN TITLE NOVIOTATION IN	c. Telephone number		
Maureen Bø					Human Svcs Agcy	(650)595-7555		
				DII COCOI,	1101111 0100 11907			
d. Signature of Auth	orized Representa	Boils	nd			e. Date Signed 4-11-03		

OMB Approval No. 0348-0043

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Apr 11 03 06:46p Petr C. Howorth 805 697-7899
Apr 11 03 06:02p Ri mond Productions, Inc 1(805 )3-1943

p.1 p.2

# Grants Coordination, State Clearinghouse

				OMB Approval No. 0348-0043	
APPLICATION FOR FEDERAL ASSISTAN	<b>NCE</b>	2. DATE SUBMITTED April 11	, 2003	Applicant Identifier	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
APPLICANT INFORMATION			Ta table		
neul Marra:	- Mammal Contar		Organizational Unit: Santa Barbara	a Marine Mammal Center	
Santa Barbara Marin	e Manimal Center		Name and lalephone	number of person to be contacted on matters involving	
Address (giva city, county, State. 389 N. Hope Ave. Santa Barbara, CA 9		C E I V	Peter Howord	h (805) 687-2368	
G. EMPLOYER IDENTIFICATIO				ANT: (enter appropriate lefter in box)	
77-0446		APR 1 4 2003	A. State B. County	H. Independent School Dist.  I. State Controlled Institution of Higher Learning	
B. TYPE OF APPLICATION:			C. Municipal	J. Private University	
Pt. It ig/ Color to 1111-11	clease Award C. Increase	Revision A Paration	D. Township E. Interstate F. Intermunicipal G. Special District	K, Indian Tribe L, Individual M, Proffi Organization N, Other (Specify) Private Non-Profit Organization	
D. Decrease Duration Other	(Spacify):		9. NAME OF FEDER	AL AGENCY:	
			NOAA		
10. CATALOG OF FEDERAL I		1 1 — 4 3 9	T .	ITLE OF APPLICANT'S PROJECT:  e Capture Techniques Training Program	
TITLE: Marine Mar	nmal Data Programs	A-1 A-1-	4		
12. AREAS AFFECTED BY PF	ROJECT (Cilies, Counties, S	(ales, etc.):			
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:			
Start Date	a. Applicant 19th	District	b. Project Several Oth	er Districts as a National Scope Project N SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 F		
s. Federal	S	32,000	a YES. THIS PRI	EAPPLICATION/APPLICATION WAS MADE	
b. Applicant	5	14,800		LE TO THE STATE EXECUTIVE OADER 12372 IS FOR REVIEW ON:	
c. Slate	\$	0 Do	DATE _	04/11/03	
d. Local	\$	0		RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE	
e, Other S		104,900	FOR REVIEW		
f. Program Income	\$	•	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	151,700		," attach an explanation.	
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE IF THE ASSISTANCE IS A	GOVERNING BODY OF T WARDED.	ICATION/PREAPPLIC	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized R Peter C. Howorth		b. Title Director		c. Telephone Number (805) 687-2368	
d. Signature of Filhylized Ro	une sentative			4/1/03 Standard Form 424 (Rev. 7-97)	
Previous Edition Usable	Mina		-	Prescribed by OMB Circular A-102	

APPLICATION FOR	2. DATE SUBMITTED	Applicant Identifier		
FEDERAL ASSISTANCE	April 02, 2003			
1. TYPE OF SUBMISSION	3. DATÉ RECEIVED BY STATE	State Application Identifier		
Application Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5.APPLICANT INFORMATIO	N			
Legal Name		Organizational Unit		
Cantamar Incorporated		Innovative Biometrics		
Address	APR 1 4 2003	Name and telephone number of the person to be contacted on matters		
315 S Coast Hwy 101 Pmb245	TE CLEARING HOUSE	involving this application		
Encinitas, California 92024-3555	TIL GLEARING HOUSE	Leatham, James G (760) 846-4235		
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN)	7. TYPE OF APPLICANT		
33-0781702				
8. TYPE OF APPLICATION	9. NAME OF FEDERAL AGENCY			
New	National Institute of Justice			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		
NUMBER: 16.560 CFDA TITLE: CRIME	JUST R & D PROJ	IB Secure: Biometric Facial Recognition for Crime Prevention.		
12. AREAS AFFECTED BY P Crime Prevention Technologies technologies that will perform to	s; to prevent or minimize crimin	al activities with biometrics		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS		
Start Date: October	01, 2003	OF		
End Date: Septemb	per 30, 2005	a. Applicant		
		b. Project CA50		
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT		
Federal	\$503,897	TO REVIEW BY STATE		
Applicant	\$0	EXECUTIVE ORDER 12372 PROCESS?		
State	\$0			
Local	\$0	This preapplication/application was made available to the state executive		

Other	\$0	order 12372 process for review on
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$503,897	FEDERAL DEBT?
		N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window

## APPLICATION FOR PTFP FUNDS

## CFDA 11.550 Communications Facil Seprogram NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 For PTFP Use Public Te

Check here if Revised Form

OMB Approval 0660-0003

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						2.	Employer		
1. APPLICAI	NT					ĬĎ	# (EIN)	95-6042721	
Legal Name Organizational	San Diego Sta	te University Founda	ation					-	
Unit	KPBS					Main Station	VDDC		
Mailing Address (line 1)	5250 Campan	ile Drive				Call Letters	<u>KPBS</u>	FM 89.5 adio MHz	TV Channel
Address (line 2 if required)								1911/2	TV Chamer
City	San Diego			State <u>C</u>	A	Cou	nty San I	Diego	Zip 92182-1931
3. Administrativ	ve Contact			E-mail jordo	ver@four	ndation.sds	su.edu		
Mr., Ms.,	Dr. First Name	M. I.	Last Na			Jr. etc	Position		
	Jeremy	<u></u>	Kraut-	-Ordover		31. 00		opment Special	ist
Phone # <u>(619</u> )	594-6620				F "	040 "			150
4. Engineering					Fax #	(619 <sub>)</sub> 5	94-4950 1		ra n no ra r
	eon Messenie							n E G	
					Engineer Phone	(619 <sub>)</sub> 5	94-8146		
Direc	tor of Engineeri	ng & I I				(019) 3	94-0140	HH APR	<del>1 4 2003   L</del>
PROJECT IN	IFORMATION	5a. Enter "Y	" if	5b. Old		6. Enter "\	/" if now		
7. Enter letter(s)	to classify project	Reactiva	ation N	File #		FCC au	thorization	SMATE CLE	ARING HOUS
(P)lanning or (C)onstruction		R)adio or (T)V R	(B)roadca:	st or (N)onbroadca	et D	8. Length	of	ga timuga, gaming ganasatin halagasi in h <b>iji</b> ya kata a dalama - da tanya ngunin ya hiy in minga mi	
(C)onstruction	OI	(RT) for both	or (BN) for	both	<u> </u>	Project months	(# of )	12	
9. Check ONE bo	ox which best descr	ibes the type of your proje	ct and ente	er the estimated nu	mber of per	sons that the	nroiect wi	II hanafit	
A. New Broadca	ast <sup>l</sup>	B. Broadcast	1	C. Digital TV		ı			1
Station, Repeate Translator; 1st to origination		Equipment Replacement, Augmentation		Conversion		(e.	Nonbroadca g. Distance arning	st	10. Enter the Priority or
FIRST service	l ———— l					, Act	tivation or pansion		Category under which you request
proposed facil	lity !	CURRENTLY served b applicant.	ıy İ	CURRENTLY se applicant.	erved by	l (	CURRENTL' applicant.	Y served by	the application be reviewed
			1		7	_			l l
covered by ot	VICE to those   hers			Enter "Y" if a multi-year		1 1	NEW service acility	added by proposed	! 1A
0			i	application -				×	
								11. Single	
3. ESTIMAT  Federal Reque	ED FUNDING (			cant subject to review			?	11. Single Congressional District of Applicant	F-0
. rodoral recyde	.st	279,260	Office	r NO if state has no Sing e of PTFP program is no w. Otherwise enter Yes.	le Point of Conta t selected for sta	act ate Ye	es .		53
. Applicant Share	e \$	93,087						<b>12.</b> Other Cong. d project (e.g. P.	istricts served by A 1-3, NY 4, 5-9)
. TOTAL	\$	372,347	15. Is applie	cant delinquent on ar ES or NO. If YES, at	ny Federal De	bt?		49, 50, 51, 5 (California)	2
. Fed. % of eligib	ole costs	0/	Enter Y	'ES or NO.' If YES, at	tach explanati	ion. NO	<u> </u>	(Calliornia)	
· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>75.00</u> %							
6. CERTIFIC	ATION BY AUT	HORIZED REPRES	ENTATI	/E To the best	of my knowl	edge and bo	lief all det	o in this and the st	are true and correct.
ne accument had assist	as been duly autho ance is awarded.	prized by the governing	board of th		are applical	ir will comb	ly with the	e attached assura	are true and correct.  nces and the PTFP
	rst Name	M. I.	Last Name	(P)	9 / 594-5	139	Position		
Dr. T	homas ,	o R	Scott				, <b>6</b>		

Signature of authorized representative

Date

signed

Infrim AVP., Research & Tech.

04/01/2003

1

#### APPLICATION FOR PTFP FUNDS PAGE 2

## Public Te communications Facili's Program

NTIA/Department of Commerce/Washington DC z0230 CFDA 11.550

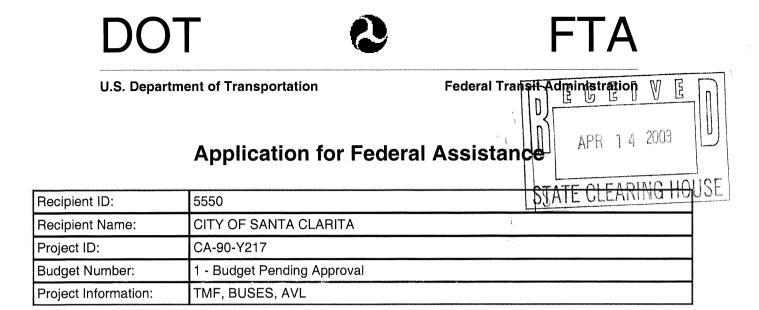
OMB Approval 0660-0003

17. Summary of application (Summarize the purposes of the application in a few sentences.)

San Diego State University, licensee of KPBS-FM, 89.5 MHz, KPBS(TV), Channel 15, and KPBS-DT, Channel 30, in San Diego, California seek federal funding assistance to replace and relocate KPBS-FM's aging transmission chain. The project will allow KPBS-FM to increase its audience to include over 316,500 people currently unserved by any public radio station. Moreover, the signal upgrade resulting from more centrally locating the transmission facility will significantly improve the signal received by several

ypes of Applicant (Enter approprial	te letter in box)		19. Statio		THIS	YEAR	NI	EXT YEAR I FUNC	
State J. Private Unive	ersity		Oper	ations	Number	Hrs./\	∕Vk	Number	Hrs./Wk
County K. Indian Tribe		P funding)	Full-	Full-Time Staff		ļ ļ	40	24	40
nterstate O. Other (speci ntermunicipal Special District	ify)		Part-	Time Staff	30	)	15	30	15
ndependent School District tate Controlled Institute of igher learning	M		,	Volunteers	130	)	2	130	2
igher learning	IVI		Operati	ing Budget	\$	4,403	,772 \$		4,403,772
ublic Broadcasting Affiliations		nbroadcast and therefore Q. 20		Members	hip in nationa as appropriat	I public bi	roadcasti	ing organiza	tions.
Enter "Y" if applicant is currently CPB qualified Y	Not Applica		PBS		NFCB	PRI	Other APTS	Other NETA	
	Date of expected qu	ualification	This year	Υ	Υ	N	Υ	Y	Y
If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.			Next year	Υ	Υ	N	Υ	Y	Υ
					- La Jolla,	11111			
					Lu Sona,				
ist all public radio, TV stations or I signal to the proposed service are:  City	a (1 MV for FM, Grade Call Let	ovide a similar ; B for TV),	the Remarks  24. Areas his Project Cities, Counties, States,	deral progra section belc	am for this pro	oject or a ner page.		roject?	
ist all public radio, TV stations or I's signal to the proposed service area	information regarding of TFS facilities which pro a (1 MV for FM, Grade	ovide a similar B for TV). ters	the Remarks  24. Areas  affected by  his Project (Cities, Counties,	deral progra section belc	am for this pro w or on anoti	oject or a ner page.		roject?	

2



### **Part 1: Recipient Information**

Project Number:	CA-90-Y217
Recipient ID:	5550
Recipient Name:	CITY OF SANTA CLARITA
Address:	23920 VALENCIA BLVD SUITE 300, SANTA CLARITA, CA 91355 0000
Telephone:	(661) 294-2538
Facsimile:	(661) 294-2517

### **Union Information**

Recipient ID:	5550
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
City: Contact Name:	Rockville, MD 20850 0000  Robert Scardelletti

Recipient ID:	5550
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Avenue NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel

View Print Page 2 of 11

Telephone:	
Facsimile:	(202) 244-7824

Recipient ID:	5550
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Lousiana Avenue, NW
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	
Facsimile:	(202) 624-8780

Recipient ID:	5550
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	(216) 228-5755

## Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y217
Project Description:	TMF, BUSES, AVL
Recipient Type:	City
FTA Project Mgr:	
Recipient Contact:	Susan Lipman
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO

Gross Project Cost:		\$18,838,902
Adjustment Amt:		\$0
Total Eligible Cost:		\$18,838,902
Total FTA Amt:		\$14,834,096
Total State Amt:		\$0
Total Local Amt:		\$4,004,806
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt		

Program Date		Authority?:	No	
(STIP/UPWP/FTA   Prm Plan) :	Jan. 01, 2002	Final Budget?:	No	
Program Page:	None Specified			
Application Type:	Electronic			
Supp. Agreement?:	Yes			
Debt. Delinq. Details:				

#### **Urbanized Areas**

טון	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

#### **Congressional Districts**

State ID	District Code	District Official
6	25	Howard P McKeon

#### **Project Details**

This project includes several activities:

Bus Vehicle Lease - Santa Clarita Transit has purchased five(5) 35-ft Gillig Phantoms and six (6) 40-ft MCI commuter buses. TIP Project ID# LA56702.

Bus Replacement - Replace 11 commuter buses. TIP Project ID # LA990723

Bus Expansion - Purchase 7 local and 4 commuter buses. TIP Project ID # LAOC8371

Transit Maintenance Facility TMF)Construction - TIP Project ID# LA973022.

Passenger Amenities - TIP Project ID # LA0C09

AVL Technology on Buses - TIP Project ID #LA990724

Countywide Universal Farebox System (UFS)Project TIP Project I.D.#LA0D92

### Part 3: Budget

Project Budget

r reject Buaget			
	<u>Quantity</u>	FTA Amount	<u>Tot. Elig. Cost</u>
SCOPE			
111-00 BUS - ROLLING STOCK	24	\$9,529,572	\$12,442,636
ACTIVITY			
11.12.07 BUY REPLACEMENT COMMUTER BUS (CMAQ)	1	\$436,561	\$493,122

View Print Page 4 of 11

11.12.07 BUY REPLACEMENT COMMUTER BUS	10	\$3,934,000	\$4,917,500
11.16.07 LEASE COMMUTER BUS	1	\$348,398	\$435,497
11.16.02 LEASE 35-FT BUS	1	\$468,600	\$585,750
11.94.05 REHAB/RENOV PED ACCESS / WALKWAYS	0	\$316,200	\$395,250
11.13.01 BUY 40-FT BUS FOR EXPANSION (CMAQ)	7	\$1,584,650	\$2,401,000
11.13.07 BUY COMMUTER BUS FOR EXPANSION (CMAQ)	4	\$1,185,350	\$1,796,000
11.42.10 ACQUIRE - MOBILE FARE COLL EQUIP (CMAQ)	0	\$1,255,813	\$1,418,517
SCOPE		,	
114-00 BUS: SUPPORT EQUIP AND FACILITIES	2	\$5,304,524	\$6,396,266
ACTIVITY			
11.43.03 CONSTRUCT - ADMIN/MAINT FACILITY	1	\$3,332,675	\$4,165,844
11.43.03 CONSTRUCT - ADMIN/MAINT FACILITY (CMAQ)	1	\$1,705,000	\$1,929,000
11.62.20 PURCHASE MISC COMMUNICATIONS EQUIP (CMAQ)	0	\$266,849	\$301,422
	Estimated	d Total Eligible Cost:	\$18,838,902
		Federal Share:	\$14,834,096
		Local Share:	\$4,004,806

### OTHER (Scopes and Activities not included in Project Budget Totals)

#### **None**

#### No Amendment Funding Source information is available for the selected project

### Alternative Fuel Codes

11.11.00	BUS - ROLLING STOCK	Compressed Natural Gas
11.12.07	BUY REPLACEMENT COMMUTER BUS (CMAQ)	Compressed Natural Gas
11.12.07	BUY REPLACEMENT COMMUTER BUS	Compressed Natural Gas
11.16.07	LEASE COMMUTER BUS	Diesel Fuel
11.16.02	LEASE 35-FT BUS	Diesel Fuel
11.13.01	BUY 40-FT BUS FOR EXPANSION (CMAQ)	Compressed Natural Gas

APPLICATION FEDERAL AS		CE ·	2 DATE SUBMITTED 04/13/2003		Applicant Identi		pproval No. 0348-00
TYPE OF SUBMISSION	<u> </u>		3. DATE RECEIVED B	Y STATE	State Application	n Identifier	
Application	Preapplica	ation				· · · · · · · · · · · · · · · · · · ·	
Construction	Const	ruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	•	
Non-Construction	Non-	Construction					
APPLICANT INFORMA			<u> </u>				
el Name:				Organizational Unit:			
entura County Ha	alth Care Ag	ency		Ventura Count	y Behavioral	Health Departmen	t
drawn (give oily, county,	stata, and zip ca	xde):	5 9 6 6	Name and balaphone application (give area		rson to be contacted on a	matters involving this
323 Knoll Drive Jentura, Ventura C	county, Califo	omia 93003	APR 1.4 00	1 11 117 1	n, Interim Dire	ctor, Ventura Cou	nty Behavioral
EMPLOYER DEFINE			SE ALEXDINA		ANT: (enter app	opriate letter in box)	<b>B</b>
95-	- 6 0 0	0 9 4 4	I ULEANING	A. Stede	н.	Independent School Cliet	
TYPE OF APPLICATIO		(CE)		B. County		State Controlled Institution	in of Higher Learning
•	V New	_ Continuation	n Revision	C. Municipal D. Township		Private University Indian Tribe	
Revision, enter approprie	als intar(s) in bo	x(es):		E. Interstate	L	Individual	
A. increase Award	B. Decresse /		Increase Duration	F. Intermunicipa G. Special Distri	-	Profit Organization Other (Specify):	· · · · · · · · · · · · · · · · · · ·
A. Increase Award D. Decrease Duration	Other (apectly		Pichesse Cutatra	9. NAME OF FEDER		Cole   Cheesyp	
						0444105	•
	·		•		:	SAMHSA	
CATALOG OF FEDER	AL DOMESTIC			11. DESCRIPTIVE	ITLE OF APPLIC	ANT'S PROJECT:	
ASSISTANCE MUMBI			H	Project ECHO	s Casa de Ar	nistad and Drop-In	Center for
	, ,		<b>→                                    </b>	chronically hon	neless individ	luals: Services incl	ude mental health
TITLE Collaborati	ive initiative	to End Chior					
		to Elia Omor	IIC Homelessness	care, substanc	e abusetreati	ment, and extensiv	e case
AREAS AFFECTED E	·			care, substanc management a	e abusetreati ind outreach	ment, and extensiv	e case
	·			care, substanc management a	e abusetreati ind outreach	ment, and extensiv	e <b>case</b>
	·			care, substanc management a	e abusetreati and outreach	ment, and extensiv	e case
	·	iles, counties, stat	tes. etc.):	management a	e abusetreati ind outreach	ment, and extensiv	e case
Ventura County	TY PROJECT (d	iles, counties, stat		management a	and outreach	ment, and extensiv	e case
Ventura County	Y PROJECT (d	iles, counties, stat	tes. etc.):	management a	e abusetreati and outreach	ment, and extensiv	e case
PROPOSED PROJECT	TY PROJECT (d	iles, counties, stat	tes. etc.):	management a	and outreach	ment, and extensiv services.	e case
PROPOSED PROJECT Start Data 12/01/2003 1	BY PROJECT (cl	iles, countles, stat  14. CONGRES  a. Applicant	ies, etc.): Signal districts of:	management a	b. Project 23 and 24	ment, and extensiv services.	
PROPOSED PROJECT Start Date 12/01/2003 1	BY PROJECT (cl TT: Ending Date 1/30/2006 G:	iles, countles, stat  14. CONGRES  a. Applicant	SIONAL DISTRICTS OF:	management a	b. Project 23 and 24	ment, and extensive services.	2372 PROGES8?
PROPOSED PROJECT Start Date 12/01/2003 1	TY PROJECT (cl T: Ending Date 1/30/2006 G: \$	14. CONGRES  a. Applicant	SIONAL DISTRICTS OF:  18. IS APPLICA  .00  a. YES. Ti	management a	b. Project 23 and 24 EVIEW BY STATI	ment, and extensive services.	2372 PROGES8?
PROPOSED PROJECT Start Date 12/01/2003 1	BY PROJECT (cl TT: Ending Date 1/30/2006 G:	14. CONGRES  a. Applicant	SECNAL DISTRICTS OF:  16. IS APPLICA  .00  a. YES. THE GRIDER	management a  TION SUBJECT TOR IS PREAPPLICATION 1 2272 PROCESS FO	b. Project 23 and 24 EVIEW BY STATI	ment, and extensive services.	2372 PROGES8?
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PROPOSED PROJECT Start Date 12/01/2003 1  ESTRATED FUNDIN Federal Applicant State	T: Ending Date 1/30/2006 G: \$ 699,8	14. CONGRES  a. Applicant	18. IS APPLICA  .00 a. YES. THORDER .00 DATE .	management a  Tion subject to re His preapplication 12372 process for 04/13/2003	b. Project 23 and 24 EVIEW BY STATI WAPPLICATION VR REVIEW ON:	ment, and extensive services.	2372 PROCESS? TO THE STATE EXECUTA
PROPOSED PROJECT Start Date 12/01/2003 1  ESTRATED FUNCIN Federal Applicant Char Color	TY PROJECT (d	14. CONGRES  a. Applicant	18. IS APPLICA  .00 a. YES. THORDER  .00 b. NO	management a manag	b. Project 23 and 24 EVIEW BY STATI MAPPLICATION V R REVIEW ON:	THEN, AND EXTENSIVE SERVICES.  EXECUTIVE ORDER 1:  WAS MADE AVAILABLE TO D. 12572  ECTED STATE FOR REV	2372 PROCESS? TO THE STATE EXECUTA
PROPOSED PROJECT Start Date 12/01/2003 1  ESTRATED FUNCIN Federal Applicant Colors Local	TT: Ending Date 1/30/2006 G: \$ 699,8	14. CONGRES  a. Applicant	18. IS APPLICA  .00  a. YES. THORDER  .00  b. NO.  .00  .00  17. IS APPLICA	management a  Thon subject to re- is preapplication 12372 PROCESS FO 04/13/2003  PROGRAM IS NOT  OR PROGRAM HAS	b. Project 23 and 24 EVIEW BY STATI WAPPLICATION V R REVIEW ON: COVERED BY E.C. NOT BEEN SELI	THENT, AND EXTENSIVE SERVICES.  EDECUTIVE ORDER 1: VAS MADE AVAILABLE TO  1. 12572 ECTED STATE FOR REV	2372 PROCESS? TO THE STATE EXECUTA
PROPOSED PROJECT Start Date  12/01/2003  1 SESTEMATED FUNCTION Federal Applicant Char Program Income	T: Ending Date 1/30/2006 G: \$ 699,8	14. CONGRES  a. Applicant	18. IS APPLICA  .00  .00  .00  .00  .00  .00  .00  .	management a manag	b. Project 23 and 24 EVIEW BY STATI WAPPLICATION V R REVIEW ON: COVERED BY E.C. NOT BEEN SELI	THEN, AND EXTENSIVE SERVICES.  EXECUTIVE ORDER 1:  WAS MADE AVAILABLE TO D. 12572  ECTED STATE FOR REV	2372 PROCESS? TO THE STATE EXECUTA
PROPOSED PROJECT Start Date  12/01/2003  1 SESTEMATED FUNCTION Federal Applicant Char Program Income	T: Ending Date 1/30/2006 G: \$ 699,8 \$ \$	14. CONGRES  a. Applicant  23	18. IS APPLICA  .00  a. YES. THORDER  .00  b. NO.  .00  .00  17. IS APPLICA	management a  Thon subject to re- is preapplication 12372 PROCESS FO 04/13/2003  PROGRAM IS NOT  OR PROGRAM HAS	b. Project 23 and 24 EVIEW BY STATI WAPPLICATION V R REVIEW ON: COVERED BY E.C. NOT BEEN SELI	THENT, AND EXTENSIVE SERVICES.  EDECUTIVE ORDER 1: VAS MADE AVAILABLE TO  1. 12572 ECTED STATE FOR REV	2372 PROCESS? TO THE STATE EXECUTA
PROPOSED PROJECT Start Data 12/01/2003 1 SETSMATED FUNCH Federal Applicant State Local Other Program Income	TT: Ending Date 1/30/2006 G: \$ 699,8 \$	14. CONGRES  a. Applicant  23	SECNAL DISTRICTS OF:  18. IS APPLICA  .00  a. YES. THE CRIDER  .00  b. NO	management a manag	b. Project 23 and 24 EVIEW BY STATI WAPPLICATION V R REVIEW ON: COVERED BY E.C. INOT BEEN SELI	THE TOTAL STATE FOR REV	2372 PROCESS? TO THE STATE EXECUTA NO NO ENT HAS SEEN DULY
PROPOSED PROJECT Start Data 12/01/2003 1 SETSMATED FUNCH Federal Applicant State Local Other Program Income	TT: Ending Date 1/30/2006 G: \$ 699,8 \$	14. CONGRES  a. Applicant  23	SECNAL DISTRICTS OF:  18. IS APPLICA  .00  a. YES. THE CRIDER  .00  b. NO	management a manag	b. Project 23 and 24 EVIEW BY STATI WAPPLICATION V R REVIEW ON: COVERED BY E.C. INOT BEEN SELI	THENT, AND EXTENSIVE SERVICES.  EXECUTIVE ORDER 1:  VAS MADE AVAILABLE TO  1. 12372  ECTED STATE FOR REV  CORRECT, THE DOCUMENTS ASSURANCES IF THE	2372 PROCESS? TO THE STATE EXECUTA  NO  BUT HAS SEEN DULY SSISTANCE IS AWARDE
Ventura County  A PROPOSED PROJECT Start Date  12/01/2003  1  ESTEMATED FUNCTION  Federal  Applicant  Clima  Program Income  TOTAL  8. TO THE BEST OF MY  MITHORIZED BY THE GO	T: Ending Date 1/30/2006 G: \$ 699,8 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	14. CONGRES  a. Applicant  23  96	SECNAL DISTRICTS OF:  18. IS APPLICA  .00  a. YES. THE CRIDER  .00  b. NO	management a manag	b. Project 23 and 24 EVIEW BY STATI WAPPLICATION V R REVIEW ON: COVERED BY E.C. INOT BEEN SELI	THENT, AND EXTENSIVE SERVICES.  EXECUTIVE ORDER 1:  VAS MADE AVAILABLE TO  1. 12372  ECTED STATE FOR REV  CORRECT, THE DOCUMENTS ASSURANCES IF THE	2372 PROCESS? TO THE STATE EXECUTA
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12/01/2003 1  SETEMATED FUNCIN  Federal  Applicant  Clinia  Colum  Program Income  TOTAL  TOTAL  Typed Name of Auth  Pierre Durand	T: Ending Date  1/30/2006 G: \$ 699,8 \$ \$ 1000WLEDGE ADVERTISE BOOTH Representations of the process of the proce	14. CONGRES  a. Applicant  23  96  NO SELISF, ALL  OF THE APPLICANTS	SECNAL DISTRICTS OF:  18. IS APPLICA  .00  a. YES. THE CRIDER  .00  b. NO	management a  Thon subject tore is preapplication is preapplication is preapplication is preapplication out 13/2003  Program is not or program has atton delinquent if "Yes," stach an ex- compreapplication it will comply with	b. Project 23 and 24  EVIEW BY STATI WAPPLICATION V R REVIEW ON: COVERED BY E.O. R NOT BEEN SELI	THENT, AND EXCEPTIVE ORDER 1:  LECTED STATE FOR REV.  CORRECT, THE DOCUMENTS  ASSURANCES IF THE A.  C.  (6)	2372 PROCESS? O THE STATE EXECUTA NO NO ENT HAS SEEN DULY ASSISTANCE IS AWARDED Telephone Humber 305) 677-5110

## APPLICATION FOR

EDENME MODIO I MINUE		2. DATE SUBMITTED	3	Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATÉ RECEIVED BY		State Application Identifier			
Application	Preapplication	O. DATE RECEIVED BY	OIMIL .	Corace Application Identified			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name; CALIFORNIA F	try Confere.	uce, INC.	Organizational Unit:				
Address (give city, county, State,				number of person to be contacted on matters involving			
P.O. BOX 7361	10Lo, 9561	7	this application (give area code) TOM HALLEN (530)756-5794				
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)			
	1912			$\overline{N}$			
	1733		A. State	H. Independent School Dist.			
8. TYPE OF APPLICATION:		-	B. County	State Controlled Institution of Higher Learning     J. Private University			
New ⊠ New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe			
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual			
			F. Intermunicipal	M. Profit Organization			
	ease Award C. Increase	Duration	G. Special District	N. Other (Specify) NON- PROF. TCORP.			
D. Decrease Duration Other(s	poury).		9. NAME OF FEDERA	AL AGENCY:			
	•	The state of the s		Lural Development			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:			
	[			4 TO AND ASSISTANCE			
ugangapan ana	L		3	Ted Resource SMALL			
TITLE:	JECT (Cities Counties Ste	tes etc)		TO ATTEMS DINECT			
12 AREAS AFFECTED BY PRO SACRITMENTU, SM SOLMO, YUBA, S	20 1049412 570	rais Lores, YULO	ranners	on Continuous vice			
50LANO, YUBA, S	alter, 14tee	· Court, és	MINICE)	ing Contenence			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS						
Start Date Ending Date 03/01/03 0428/04	a. Applicant CAL, I FITHING CO	Interence 51	b. Project 71466 FARMER	Vinect MKTS Contenency			
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?			
a. Federal	\$ 9,50	οο · <sup>80</sup>	a VES THIS PREA	PPLICATION/APPLICATION WAS MADE			
b. Applicant	\$ 10,50	.00	i	TO THE STATE EXECUTIVE ORDER 12372			
		<u> </u>	PROCESS	FOR REVIEW ON:			
c. State	\$	,~~	DATE O	4/09/03			
d. Local	\$	.00					
e. Other	\$/ 5			IM IS NOT COVERED BY E. O. 12372 BRAM HAS NOT BEEN SELECTED BY STATE			
e. Other	4,78	TO "	FOR REV				
f. Program Income	\$	.00		NT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 247	50.00		attach an explanation.			
18. TO THE BEST OF MY KNOW	· · · · · · · · · · · · · · · · · · ·		L ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE			
	AUTHORIZED BY THE GO	VERNING BODY OF THE		HE APPLICANT WILL COMPLY WITH THE			
a. Type Name of Authorized Representative 5 (b. Title 1), W 2 (c. Telephone Number							
d. Signature of Authorized Repres	Signature of Authorized Representative e. Date Signed 04/08/03						
Previous Edition Usable	TUUT AP	R 1   2003	<del>                                     </del>	Standard Form 424 (Rev. 7-97)			
			7	<u> </u>			
	STATE C	LEARING HOUS	SE				

		Fo	orm 424	OMB Approval No. 0348-0043	
Application for		2. Date Sub	mitted	3. Applicant Identifier	
Federal Assistance			31-Mar-03		
1. Type of Submission Application		3. Date rec	ceived State	State Application Identifier	
	Preaplication				
x Constuction	Construction	4. Date received by Federal		Federal Identifier	
x Non-Construction Non-Construction Agency:					
5. Applicant Information					
		y Transit D	istrict (SamTrans)		
Address (give city, county, state			,	ne of contact person (give area code)	
1250 San Carlos Av			Joel SI	avit, Associate Planner	
San Carlos, San Ma	aeto County, CA 9	4070			
6. Employer Identification Numb			7. Type of Applican	t (enter appropriate letter in box) <b>G</b>	
9 4 2325976					
8. Type of Application			A. State	H. Independent School Dst.	
		<b>.</b>	B. County	I. State Controlled Institution	
x new continuation		Revision	C. Municipal	of higher learning.	
If revision, enter appropriate lett	:er(s)		D. Township	J. Private University	
in boxes:			E. Interstate	K. Indian Tribe	
A. Increased Award B. Decreas			F. Intermural	L. Profit Institution	
C. Increase Award D. Decreas	e Duration		G. Special District	M. Other: MPO	
Other (specify):					
10. Catalog of federal domestic			9. Name of federal Ag	NOR OVE	
assistance number:	20.507		Federal Transit Administration		
assistance number.	Section 5307 Prog		11. Descriptive title of applicant project		
12. Areas affected by project:	Section 3307 FTO	gram		ssistance: Diesel Engine Repowering,	
San Mateo County				buses, Bus Maintenance Facility	
Sail Water County			1 '	oofing), San Mateo County Human Services	
13. Proposed Project				am, SamTrans Maintenance Facility	
Start Date:	End Date:		1	aving), Leased Tire Program	
7/1/00	1/31/05		Trondsmation (10 p	aving), Loadou Filo Frogram	
171,00	1,0 1,00				
15. Estimated Funding			1		
a. Federal	\$15,745,005	14. Congres	ssional Districts of:		
b. Applicant		a. Applicar	nt	B. Project	
c. State	\$0	Ta. , (pp., 100)	12 & 14	12 & 14	
d. Local	\$4,197,750		12 0 14	12 & 14	
f. Program Income	Ψ-1,101,100		cation subject to review	w by state executive 12372 process? Yes	
e. Other				on was made available to the	
g. TOTAL	\$19,942,755	state exec	cutive order 12372 pro	cess review on	
17. Is the applicant delinquent		Date:	4/21/03		
on any federal debt?		b. No	J Program is not cover	red by E.). 12372	
Yes.(attach an explanation) or			or program has notbeen selected by state for review		
x No.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
18. To the best of my knowledg	•				
The document has been duly a			y of the applicant an	d the applicant will comply	
with the attached assurances if		ded.			
a. Typed Name of Authorized Represei	ntative		b. Title	c. Telephone Number:	
Mike Scanlon			General Manager	(650) 508-6221	
d. Signature of Authorized repre	esentative			e. Date Signed	
My stanto		- <del>12                                   </del>		4/9/03	
V	[10]				

Previous versions of 424 form Not usable



Standard Form 424 Rev 4-881 Transcribed to Excel 6.0 By C. Birner April 1998

			4		42,3,12	OMB Approval No. 0348-0043
APPLICATION	FOR		2. Date Submitted (n	nm/dd/yyyy)	Applicant Identifier	
FEDERAL ASS			03/26/	2003		
			3. Date Received by		State Applicant Identifier	
<ol> <li>Type of Submission</li> <li>Application</li> </ol>	m Preappl	ication	3. Data recours nj	(**************************************		-
Construction	Const	ruaion	4. Date Received by (mm/dd/yyyy)	Foderal Agency	Federal Identifier	
☐ Non-Construction	Non-0	Construction	, mac-9,5,5,	_		
5. APPLICANT INFO	RMATION	The second secon	a n w G			
Legal Name:		下 厚 原	情业业点	Organizational Unit:		
Cegai remo.	VASCO AFFORDABL	E HOUSING, INC		West Land Inlantance St	HOUSING/NON-PRO	on matters involving this
Address (give city, county	y, ≤tale, and zip codc);	31	4 0 0000	Papilication (Give area co		*
750 H ST. WASCO, KERN CO	OUNTY, CA 93280	APF	1 0 2003	G21-758-6406	XECUTIVE DIRECTOR	,
6. EMPLOYER IDEN	TIFICATION NUMBE	R (EIN)	LEADING HO	7 TYPE OF APPLI	bosi	N
9	1 - 2	STATE	THE Y 23	A State	i. State Controlled in	nstitution of Higher Learning
				B. County	J. Privete University K. Indian Tribe	
8. TYPE OF APPLIC	ATION:			C. Municipal D. Township	L Individual	
	⊠ New [	Continuation	Revision	E Interstate	M. Profit Organizatio	ก
			<u> </u>	F. Internunicipal G. Special District		gency
If Revision, enter appropri	riele lettor(s) in box(es): B. Decreax	. Auged	Increase Durellon	H. Independent Scho	ort Diet P. Other	,
A. Increase Award			,	9. NAME OF FEDE	(Specify)	
D. Decrease Duration	n Other (8980	hy):		UNITED STATES	DEPARTMENT OF AGRICUL	TURE/RURAL DEVELOPMENT
10. CATALOG OF F	EDERAL DOMESTIC		4 0 5	11. DESCRIPTIVE	TITLE OF APPLICANT'S PRO	JECT:
	UMBER: (xx-yyy)			THE PROJECT	T INCLUDES A 52-UNIT MULTI- CT LOCATED IN THE CITY OF	WASCO, CALIFORNIA.
				1100011101111011		
TITLE: FARM LA	BOR HOUSING LOA	N AND GRANT				
514/518			atatan atc.):	1		
12. AREAS AFFEC					•	
WAS	CO KERN COUNTY,	STATE OF CALI	FORNIA			
13. PROPOSED PR	OJECT:	14. CONGRES	SIONAL DISTRICTS O	F:		
Stan Date	Ending Date	a. Applicant			b. Project	DETRICT
(mm/dd/yyyy)	(mm/dd/yyyy)		20TH DISTRICT		201H	DISTRICT
04/01/2004	03/31/2005					
15. ESTIMATED FL	UNDING:		16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTI	VE ORDER 12372 PROCESS?
			a YEŞ, THI	S PREAPPLICATION/API TATE EXECUTIVE ORDE	PLICATION WAS MADE AVAILABLE ER 12372 PROCESS FOR REVIEW	ON:
			0.276 <b>4</b> 10.1109			
	de Protessor de la company		DAI	E (mm/dd/yyyy)		and the second s
.Complete/for	m HUD 424M, I	Punding Mat	97.000.000.000 97.000.000.000 97.000.000.000	PROGRAM IS NOT CO		
			or C	PROGRAM HAS NOT B	EEN SÉLECTED BY STATE FOR RI	EVIEW
				PLICANT DELINQUE	ENT ON ANY FEDERAL DEBT	? X Na
		ALL DOTO IN THIS AT	Yes Yes	If "Yes," allect on con IARD TRUE AND CONNECT.	THE DOCUMENT HAS BEEN DULY	
18. TO THE BEST OF MY	OVERWING BODY OF THE A	PPLICANT AND THE A	PPLICANT WILL COMPLY WITH	THE ATTACHED ASSURAN	CES IF THE ASSISTANCE IS AWARDED.	c Telephone number
	horized Representative			שטונ , מ	JTTVE DIRECTOR	(Include Area Codo) 661-758-6406
	PATRICK	NEWMAN		EXEC		e. Data Signed (mm/dd/yyyy)
d. Signature of Author	rized Reprodentative					3-26-03
Witness	11 oum	1	·			Standard Form 424
Previous Edition Usa	ible					
(7/97)				عدد المراجع ال		Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR		A DATE GUDANTED		Applicant Identifier
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED  March 14	1 2003	/ ippromite to a second
,		ł		11.65-
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	Y Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	R D W P F		
5. APPLICANT INFORMATION			<u>n                                     </u>	
Legal Name:			Organizational Unit	
Selma Housing Inve	estors III.P.		a California	limited partnership
Address (give city, county, State		H Ú ŽMAR II	Name and telephone	number of person to be contacted on matters involving
		LUUU IL	this application (give a	nres code)
30950 Rancho Vie	to ka. I suite to	U	Town Baraus	kas (562) <b>256-</b> 2032
San Juan Capistra	ino, CA 92015	See A See LE LOS LLOS LLOS LLOS LLOS LLOS LLOS LL		
C FURL OVER IDENTIFICATIO	N NUMBER (FIN)	LANING HOUS	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
6. EMPLOYER IDENTIFICATIO	to be	determined	Briden 	N
			A. State	H. Independent School Dist
B. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
B. TYPE OF APPEICATION.		□ poutoten	C. Municipal	J. Private University
X Nev	Continuation	Revision	D. Township	K. Indian Tribe
La Company de la	res(e) in hor(es)	1	E. Interstate	L. Individual
If Revision, enter appropriate leli	GL(2) (IL DOX/93)		F. Intermunicipal	M. Profit Organization
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Limited Partnershi
// illicitabot lividi =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	) Date of the state of the stat		
D. Decrease Duration Other(	specify):		9. NAME OF FEDER	AL AGENCY:
			HCDD V	
			USRDA	
				TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:		
		1 0 - 4 0 5	New constr	ruction of a 53-unit farm-
	L		worker fam	nily housing development in
TITLE: Farm Labo	or Housing		Selma, Ca	lifornia.
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, Sta	ates, etc.):	30	
City of Selma,	County of Fresh	10		
0100 01 02				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		į
Start Date Ending Date	a. Applicant		b. Project	
	Selma Housing	Investors, L.P.	l <u>Villa</u>	nueva Apartments
15. ESTIMATED FUNDING:	TJE ING TOUS ING	X 111 - Q 2 - 1 - 1	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING.			ORDER 12372 PI	ROCESS?
		00	1	
a. Federal	75,	nnn	a YES, THIS PRE	APPLICATION/APPLICATION WAS MADE
·		00	AVAILABL	E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	6,434,	402		FOR REVIEW ON:
		10		•
c. State	\$	,	DATE	
		60		
d. Local	S	•	b. No TI PROGR	AM IS NOT COVERED BY E. O. 12372
		· <u>N</u>	II OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
e. Other	5	•	FOR RE	
		00	1	
f. Program Income	<b>S</b>		AT ID THE ADDITION	NT DELINQUENT ON ANY FEDERAL DEBT?
		00	-}	, married
g. TOTAL	\$	O,	Yes If "Yes,"	attach an explanation.
	6,509,	402	ATION/PREADELICA	TION ARE TRUE AND CORRECT, THE
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	A HUN/MKEAPPLICA	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	DAFKNING BODY OF TH	E APPLICANT AND I	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	ARDED.		c, Telephone Number
a. Type Name of Authorized Rep	presentative	b. Title		949 443-9101
Thomas E. Willan	rd	Managing Gene	ral Partner	e. Date Signed
I. Signature of Authonized Repri	esentative /			3/18/03
1 SKUS W				Standard Form 424 (Rev. 7-97)

**APPLICATION FOR** 

Mer A 3/21/03 And
OMB Approval No. 0348-0043

TYPE OF			March	24, 2003.	Applicant Identifier
Margaritati Margaritati	SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier
Application	n ruction	Preapplication			
, =	onstruction	Construction  Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier
	NT INFORMATION				
Legal Name;				Organizational Unit:	
Asociac	ion Campes	ina Lazaro Carden	nas, Inc. (ACLC,	In Non-profit hou	using development agency
Address (give	e city, county, State	e, and zip code):		Name and telephone	number of person to be contacted on matters invi-
	utter Street, 9 n, CA 95202	Suite 406 E G	E O V E	this application (give a Winnie R. On (209) 466-68	tiveros, Project Manager
6. EMPLOYE	R IDENTIFICATIO	N NUMBER (EIN):	10 0000		NT: (enter appropriate letter in box)
68-	0062	PO 6 2 APR	1 0 2003	/ <b> </b>	N
8 TYPE OF	APPLICATION:			A. State	H. Independent School Dist.
OF LIVE OF				B. County	I. State Controlled Institution of Higher Learning
1	✓ Nev	n Continuation	EAR <b>IDIROVISIO</b> US	C. Municipal D. Township	J. Private University
If Revision, en	nter appropriate let	ter(s) in box(es)		E. Interstate	K. Indian Tribe L. Individual
		` ′	J [_] .	F. Intermunicipal	M. Profit Organization
A. Increase A. D. Decrease	Award B. Dec Duration Other		e Duration	G. Special District	N. Other (Specify) Non-profit
				9. NAME OF FEDERA	L AGENCY:
		OMESTIC ASSISTANCE N		USDA Rural Deve	elopment LE OF APPLICANT'S PROJECT:
2 AREAS AF San Joaqui	FFECTED BY PRO	bor Housing Program DJECT (Cltles, Counties, Sta		E. Farmington Ro Stockton, Californ	
13. PROPOSE		14. CONGRESSIONAL DIS	STRICTS OF:		
76 un:		a. Applicant	`	In Period	
		a. Applicant	. Inc.	b. Project	alle del Sol Townhomes
Start Date 10/1/03	Ending Date 10/1/04		Inc.	v:	alle del Sol Townhomes
Start Date 10/1/03 5. ESTIMATE	Ending Date 10/1/04	a. Applicant	Inc.	v:	SUBJECT TO REVIEW BY STATE EXECUTIVE
Start Date 10/1/03 5. ESTIMATE	Ending Date 10/1/04	a. Applicant	ub .	V: 16. IS APPLICATION S ORDER 12372 PRO	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?
Start Date 10/1/03 5. ESTIMATE . Federal	Ending Date 10/1/04	a. Applicant ACLC,		V: 16. IS APPLICATION S ORDER 12372 PRO	SUBJECT TO REVIEW BY STATE EXECUTIVE
Start Date 10/1/03 5. ESTIMATE . Federal	Ending Date 10/1/04	a. Applicant ACLC,	500,000	V: 16. IS APPLICATION S ORDER 12372 PRO  a. YES. THIS PREAF AVAILABLE	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?  PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
Start Date 10/1/03 5, ESTIMATE Federal	Ending Date 10/1/04	a. Applicant ACLC,	ub .	V: 16. IS APPLICATION S ORDER 12372 PRO  a. YES. THIS PREAF AVAILABLE	SUBJECT TO REVIEW BY STATE EXECUTIVE PCESS? PPLICATION/APPLICATION WAS MADE
Start Date 10/1/03 5, ESTIMATE . Federal . Applicant	Ending Date 10/1/04	a. Applicant ACLC, \$	500,000	0. YES. THIS PREAF AVAILABLE PROCESS F	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?  PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
Start Date 10/1/03 5. ESTIMATE Federal Applicant State	Ending Date 10/1/04 D FUNDING:	a. Applicant ACLC, \$ \$ \$ \$ \$	500,000 <sup>30</sup> 65,189 <sup>30</sup>	ORDER 12372 PRO  a. YES. THIS PREAF  AVAILABLE  PROCESS F	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?  PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
Start Date 10/1/03 5. ESTIMATE . Federal . Applicant . State	Ending Date 10/1/04 D FUNDING:	a. Applicant ACLC, \$ \$ \$	500,000 <sup>30</sup> 65,189 <sup>30</sup> ,330,192 <sup>30</sup>	DATE  Date  OKAN DE PROGRAM  OKAN DE PROCESS F  DATE  D. NO. PROGRAM	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:  I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE
Start Date 10/1/03 5. ESTIMATE Federal Applicant State Local Other	Ending Date 10/1/04 D FUNDING:	a. Applicant ACLC,  \$ \$ \$ \$ \$ \$ \$ \$ \$	500,000 65,189 330,192 250,001	DATE  b. No. PROGRAM  OR APPLICATION S  ORDER 12372 PRO  A. YES. THIS PREAF  AVAILABLE  PROCESS F  DATE  DATE  OR PROGRAM  FOR REVIE	PLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:  I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW
Start Date 10/1/03 5. ESTIMATE Federal Applicant State Local Other	Ending Date 10/1/04 D FUNDING:	a. Applicant ACLC,  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	500,000 65,189 330,192 250,001 413,384	DATE  b. No. PROGRAM  OR APPLICATION S  ORDER 12372 PRO  A. YES. THIS PREAF  AVAILABLE  PROCESS F  DATE  DATE  OR PROGRAM  FOR REVIE	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:  I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW  DELINQUENT ON ANY FEDERAL DEBT?
Start Date 10/1/03  5. ESTIMATE  Federal  Applicant  State  Local  Other  Program Incor  TOTAL  TO THE BESIOCUMENT HA	Ending Date 10/1/04 D FUNDING:  THE ST OF MY KNOW AS BEEN DULY A	S Applicant ACLC,  S S 2  S 11,  S 15,  LEDGE AND BELIEF, ALL  AUTHORIZED BY THE GOV	500,000  65,189  .330,192  250,001  413,384  .703,615  262,381  DATA IN THIS APPLICATION OF THE	DATE  b. No.   PROGRAM   OR PROGE FOR REVIE	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:  I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW  DELINQUENT ON ANY FEDERAL DEBT?
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Start Date 10/1/03  5. ESTIMATE . Federal . Applicant . State . Local . Other  Program Incor TOTAL B. TO THE BES OCUMENT HATTACHED AS Type Name of	TOF MY KNOW AS BEEN DULY ASSURANCES IF MUHORIZED REMEDIA	S ACLC,  S ACLC,  S S S 11,  S 15,  LEDGE AND BELIEF, ALL  NUTHORIZED BY THE GOV  HE ASSISTANCE IS AWAF	500,000  65,189  .330,192  250,001  413,384  .703,615  262,381  DATA IN THIS APPLICATION OF THE PARTY OF THE	DATE  b. No. PROGRAM  OR PROGRAM  OR PROGRAM  OR PROGRAM  OR PROGRAM  TOR PROGRAM	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:  I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE W  DELINQUENT ON ANY FEDERAL DEBT? Each an explanation.  NO
State  10/1/03  5. ESTIMATE  1. Federal  1. Applicant  1. State  1. Local  1. Other  Program Incor  TOTAL  1. TO THE BESTOCUMENT HAUTTACHED ASTOCUMENT HAUTTACHED ASTOCIATION OF THE BESTOCIATION OF THE BESTO	me  ST OF MY KNOW AS BEEN DULY ASSURANCES IF MY	S ACLC,  S ACLC,  S S S 11,  S 15,  LEDGE AND BELIEF, ALL  NUTHORIZED BY THE GOV  HE ASSISTANCE IS AWAF	500,000  65,189  .330,192  250,001  413,384  .703,615  .262,381  DATA IN THIS APPLICATION OF THE PROPERTY OF T	DATE  b. No. PROGRAM  OR PROGRAM  TO REVIE  TO REVIE  TO STHE APPLICANT  ATION/PREAPPLICANT  APPLICANT AND THE  C. (C)	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:  I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE EW  DELINQUENT ON ANY FEDERAL DEBT? Each an explanation.  No ON ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE

٨٥	PPLICATION FOR	EEDE		
AS	SSISTANCE	redet <sub>ua</sub> L	2 DATE SUBMITTED	Applicant Identifler
	YPE OF SUBMISSION cation	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
	Construction Nan-Construction PPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal	Name: Housing Authority of Merced	of the County E   W E	Grganizational Unit Housing Authority	
405	oss (give city, county, state, and zip U Street ced, CA 95340	APR 1 0 2003	Name and telephone number of the person to be application (give area code) Nick Benjamin (209) 722-3501, e	-
8. TY	PE OF APPLICATION:    Solution	STATE, CLEARING HO	B. County I. State Con C. Municipal J. Private Ui D. Township K. Indian Tri E. Interstate L. Individual	lent School District trolled Institution of Higher Learning niversity be
		crease Award		garization ecify): <u>Housing Authority</u>
			NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development	
	ATALOG OF FEDERAL	·································	11. DESCRIPTIVE TITLE OF APPLICANT'S PE	ROJECT:
DC	OMESTIC ASSISTANCE NUMBER	: <u>10 - 405</u>	Replace 52 units of year-round far	rm labor housing, two
TITLE:	FmHA 514/516 Farm La	abor Housing	manager's units, office/shop build laundry building located in the tow County. Two of the 52 units will be	ing, child care facility and n of Ріапаdа, Merced
			housing.	e asea for migrant labor
ļ	REAS AFFECTED BY PROJECT (ci		1	
1	of Planada, Merced Co	unty, California		
-	OPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	· · · · · · · · · · · · · · · · · · ·
s	Start Date	End Date	a. Applicant	b. Project
	June 1, 2004	November 30, 2005	18	18
15. Est	imated Funding:		16. IS APPLICATION SUBJECT TO REV 12372 PROCESS?	IEW BY STATE EXECUTIVE ORDER
a. Fede	eral	\$ 3,000,000.00	a. YES. THIS PREAPPLICATION/APPL TO THE STATE EXECUTIVE ORDER	LICATION WAS MADE AVAILABLE R 12372 PROCESSES FOR REVIEW
b. Appli	icant	\$	DATE <u>3/27/03</u>	
с. Згате	SJ Farmworker Housing Grant	\$ 3,000,000.00	b. NO.	
d. Local	I - land donation	\$ .	PROGRAM IS NOT COVERED BY E.O. 123	72
e. Other	r - State rental subsidy	\$	OR PROGRAM HAS NOT BEEN SELECTED	D BY STATE FOR REVIEW
f. Progra	am Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY	FEDERAL DEBT?
g, TOTA	AL	\$ 6,000,000.00	. Yes If "Yes" aπach an explanation,	⊠ No
18.	TO THE BEST OF MY KNOWLI BEEN DULY AUTHORIZED BY IF THE ASSISTANCE IS AWAR	THE GOVERNING BODY OF THE APP	A APPLICATION PREAPPLICATION ARE TRUE AN PLICANT AND THE APPLICANT WILL COMPLY W	ND CORRECT, THE DOCUMENT HAS ITH THE ATTACHED ASSURANCES
	d Name of Authorized Representative Chell Sperling	ve	b. Title Executive Director	c. Telephone Number (209) 722-3501, ext 108
d. Signa	ture of Authorized Representative			e. Date Signed
	metabell C.	Sperling.		•
revious Editi	ions NOT USEDIA ZED FOR LOCAL REPRODUCTION	//		Slandard Form 424A (REV 4-92)

Authorized for Local Reproduction

Ø 002 OMB Approval No. 0348-0043

APPLICATION FOR				Auglionet let - iii	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED  March 24	4, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Prespplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Lagal Name:		良业 化 图 1	rorganizational Unit:		
Imperial Valley Housi	ing Authority 5		Housing Author	ority	
Address (give city, county, State,	and zip code);		Name and telephone of	number of person to be contacted	on matters involving
1401 "D" Street	·        AP	R 1 0 2003	tris application (give au	rea code)	
	0-1-1-022	107		Deputy Executive Direct	1
Brawley, Imperial Cou	inty, Camorna 522	-21	of Developme	nt (760) 351-7000	ν)
6. EMPLOYER IDENTIFICATION	NUMBER (E/N):	TEVDING HOLL	CTAPE OF APPLICA	INT: (90) 351-7000 INT: (enter appropriate letter in bo	~ N
95-6003	9775AIEU	LEARINGTIOU	A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled institution of H	
	<b>-</b>	C mondatan	C. Municipal	J. Private University	
<b>1</b> ✓ New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(ea)		E. Interstate	L. Individual	
	لسسا		F. Intermunicipal	M. Profit Organization	uthority
M. Hick Dana Award	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) Housing A	distority_
D. Decrease Duration Other(s	apacify):		9. NAME OF FEDERA	A AGENCY	
			9. NAME OF TEDERO	in Addition.	
			USDA Rural Dev		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT	1
	. [	1 0 - 4 0 5	Sunset Garden A	partments	
TITLE: Farm Labor	Housing Loans and Gr	ants	Construction of a	new 40 unit Low-Income	
12. AREAS AFFECTED BY PRO	DECT (Cities, Counties, Sta	tes, etc.):	Farm Labor Rent		
Town of Heber, County of	Imperial State of Cali	fomia	, ditti Edboi , totta		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant 51s	<del>z</del> t	b. Project	51st	
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			16. IS APPLICATION	SUBJECT TO REVIEW BY STAT	LE EXECUTIVE
15. ESTIMATED FUNDING:		ďΩ	ORDER 12372 PR		
a. Federal	\$	2,846,694	a VES THIS PREA	APPLICATION/APPLICATION WA	S MADE
	\$	ųa va	AVAILABLE	TO THE STATE EXECUTIVE OF	RDER 12372
b. Applicant				FOR REVIEW ON:	
c. State	\$	2,826,694	DATE		
d. Local	\$	œ.	b. No. Z PROGRA	AM IS NOT COVERED BY E. O. 1	2372
e. Other	\$	0	☐ OR PROC FOR REV	GRAM HAS NOT BEEN SELECTE /IEW	EU BY SIAIE
f. Program Income	\$	,00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDE	RAL DEBT?
g. TOTAL		5,673,388	1	attach an explanation.	<b>№</b> No
18 TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT	, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TI	HE APPLICANT WILL COMPLY	WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	RDED.			
a. Type Name of Authorized Rep Andrea D. Roark		b. Title Executive Director		c. Telephone Number (760) 351-7000	
d. Signature of Authorized Repre	sentative?			e. Date Signed. 3/24/03	
Previous Edition Usable	an Mach			Standard Form 424 (I	Rev. 7-97)
Previous Edition Osable				Prescribed by OMB C	ircular A-102

QMB Approval No. 0348-0043 APPLICATION FOR 2 DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE March 19, 2003 3. DATE RECEIVED BY STATE State Application Identifier TYPE OF SUBMISSION: Application Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Construction Construction Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: <del>Org</del>anizational Unit: Non Profit **HDC** Del Norte Housing Development Corporation Address (give city, county, State, and zip code) Name and telephone number of person to be contacted on matters involving this application (give area code)
Carol Meza 707-464-7441 286 M Street, Suite A Crescent City, CA 95531 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN) N 6 8 - 0 3 6 0 3 3 6 A. State H. Independent School Dist. I. State Controlled Institution of Higher Learning B. TYPE OF APPLICATION: B. County C. Municipal J. Private University Revision **✓** New Continuation D. Township K, Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) F. Intermunicipal M. Profit Organization Non Profit G. Special District N. Other (Specify) \_ B. Decrease Award C. Increase Duration A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA- RHS & 514/516 FLH 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415 JARDIN DE LAS FLORES, affordable farm labor rental housing, Healthcare Clinic and Community Center facility TITLE: Rural Rental housing 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Smith River, Del Norte County, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT Start Date Ending Date a. Applicant b. Prolect First Congressional District First Congressional District 9/30/03 9/30/05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal \$ 3,000,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant \$ 391,224 PROCESS FOR REVIEW ON: c. State 03/19/03 3.000,000 d. Local \$ 33,250 b, No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other S 1,717,800 FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 8.142,274 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephane Number a. Type Name of Authorized Representative b. Title (707) 464-7441 Executive director Dennis Conger A e. Date Signed d. Signature of Authorized Representative

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

J M

					144.01	OMB Approval No. 0348-0043
APPLICATION FEDERAL ASS			2. Date Submitted (n		Applicant Identifier	
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i, Type of Submission Application	m <i>Preappl</i>	ication	3. Date Received by	State (mm/dd/yyyy)	State Applicant Identifier	
Construction	⊠ Const	ruction	4, Date Received by (mm/dd/yyyy)	Federal Agency	Federal Identifier	
Non-Construction	□ Non-0	Construction	(1.11.12.2)			
APPLICANT INFO	RMATION	IFS E	o e o w	E D		
l egal Name:		- II.D. E	Carlo	Organizational Unit	HOUSING/NON-PR	OFIT
Address (give ally, county	ASCO AFFORDABL	E HOUSING, INC			number of the person to be contacted	on matters involving this
750 H ST. WASCO, KERN CO			APR 1 0 2003	application (give area PATRICK NEWMAN/ 661-758-8406	EXECUTIVE DIRECTOR	
				7 TYPE OF APP	ICANT-	[N]:
6. EMPLOYER IDEN	THE THE TRANSPORT TO TH	R (EIN):	CLEARING	A State	(n horr)	Institution of Higher Learning
L				B. County	J, Private Universit K, Indian Tribe	у
TYPE OF APPLICA	ATION:			C, Munidpal D. Township	L Individual	
	⊠ New	Continuation	☐ Revision	E Interstate F. Intermunicip		
if Revision, enter appropr				G. Special Dist	D. Olbon	Аделку
A Increase Award	B. Decrease	: Award C.	Increase Duration		(Specify) DERAL AGENCY:	
O, Decrease Duration	Other (spec	sly):	·	UNITED STATE	S DEPARTMENT OF AGRICUL	TURE/RURAL DEVELOPMENT
10. CATALOG OF F		C 1 0	. 4 0 5	THE DECIE	E TITLE OF APPLICANT'S PRI CY INCLUDES A 52-UNIT MULT ECT LOCATED IN THE CITY OF	1-FAMILY FARM LABOR
514/516 12. AREAS AFFECT	BOR HOUSING LOATED BY PROJECT (CO,KERN COUNTY)	cities, counties				
	A IFAT.	14 CONGRES	SSIONAL DISTRICTS O	<u> </u>		
13. PROPOSED PR	OJEC1: Ending Date	a. Applicant	SOLOTOLE BIOTINE		b. Project	
Sian Dele (mm/dd/yyyy) 04/01/2004	(mm/dd/yyyy)	. , , , , , , , , , , , , , , , , , , ,	20TH DISTRICT		20T	H DISTRICT
15, ESTIMATED FU	nershig-		16. IS APPLIC	ATION SUBJECT T	O REVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS?
		That are a second	<del>* 10 (100)</del>	IO.TIONU	PPLICATION WAS MADE AVAILABL DER 12372 PROCESS FOR REVIEW	E TO THE
			Constant of the Constant of th	E (INIT/dd/yyyy)		
	m-HUD-424-M,	Funding Mal	Stranger Local Contractions Contractions		OVERED BY E.O. 12372	
			- 4-13 - 4-30		BEEN SELECTED BY STATE FOR F	
			Control Vos	it "Yos." attach an i	JENT ON ANY FEDERAL DEBT	No
18. TO THE DEST OF MY	KNOWLEDGE AND BELLET	, ALL DATA IN THE	OPLICATION PREAFPLICATION	I ARE TRUE AND CORRECT THE ATTACHED ASSURA	at. The document has been duly NGES IP THE ASSISTANCE IS AWARDED	
AUTHORIZED BY THE GO	NOTIZED REPRESENTATIVE PATRICK		- Lands and a series	1 D. 1 m.	CUTIVE DIRECTOR	(Include Area Cade) 661-758-6
d. Signature of Author		14E VED WIE				a Date Signed (mm/dd/yyyy)  3-26-03
Hatrick	Mum					Standard Form 424
Previous Edition Usa (7/97)	ble				_	Prescribed by OMB Circular A-

Authorized for Local Reproduction

FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED  March 1	1, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:	December	3. DATE RECEIVED BY	STATE	State Application identifier	
Application Construction	Preapplication Construction	4 DATE DECEMED DV	FEDERAL AGENCY		
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	Non-Construction			APR 8 2003	
Legal Name:			Organizational Livit		
I-5 BUSINESS Deve		idor, Inc.	Organizational Office	ADTOLEARING HOUSE	
Address (give city, county, State,	and zip code):		1		olving
P.O. Box 487			this application (give a		
Tranquillity, CA		no County)		Fosse (559) 855-6850	
6. EMPLOYER IDENTIFICATION 777-0437	·			ANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION:		···	A. State	H. Independent School Dist.	
			B. County	I. State Controlled Institution of Higher Learning	
∑ New	Continuation	Revision	C. Municipal	J. Private University	
K Davisias and a second state to the	<i>(</i> ),		D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. Decr		5 0	F. Intermunicipal	M. Profit Organization	
	ease Award C. Increase	Duration	G. Special District	N. Other (Specify) <u>hon - profif</u>	
D. Decrease Duration Other(s	респу):		9. NAME OF FEDERA	AL AGENCY:	
			U.S.D.A.		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
	Γ	10-769		1 Assistance for	
22-2	-		_		
TITLE: RBEG ~ 12. AREAS AFFECTED BY PRO	lechnical Assis	st. Sniall Bus.	Kural Sm	all Businesses	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):	in Waston	n Fresno County, CA	
Coalinga · Fireb. Mendota · Tran	augh · Huron ·	Kerman.	111 VVE STET	THE SHO LOUTINY, CH	
13. PROPOSED PROJECT 18 · 19 · 20	14. CONGRESSIONAL DIS	STRICTS OF:	novich - 19th	· C. Dooley - 20th	
Start Date Ending Date	a. Applicant	o, nauoi	b. Proiect	C. DBUTEY 20	
7-1-03 6-30-04		10		Assistance - Small Busines	- 4
15. ESTIMATED FUNDING:	<u> </u>	10-			
13. ESTIMATED PONDING.				SUBJECT TO REVIEW BY STATE EXECUTIVE	
_ [		00	ORDER 12372 PR	OCESS?	
a. Federal	\$ 177.5				
b. Applicant		00		APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$ 14,8			TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State	\$	.00		1/12/03	
d. Local	\$	.00			
e. Other	Ф.	00		M IS NOT COVERED BY E. O. 12372	
e. Other	\$ 35,2	. 1		GRAM HAS NOT BEEN SELECTED BY STATE	
f. Program Income	······································	00	FOR REV	IEVV	
i. Program income	\$	·	47 10 THE 4551 10 11		
g. TOTAL	Φ	00	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?	
y. IVIAL	\$ 22753		Yes If "Yes," a	attach an explanation.	
18 TO THE BEST OF MY KNOW	I FOGE AND BELLEE ALL	DATA IN THIS ADDITION	TION/DDEADD: 101	ION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY	LLUGE AND DELIEF, ALL	VEDNING DODY OF TUR	A HON/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF T			APPLICANT AND TH	IE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repre				T. I. I. I.	
Sargeant J. Gi		b. Title	TE DAD TO	c. Telephone Number	_
		President -	LO BUGINC	(559) 698 - 722	נ
d. Signature of Authorized Repres	enterive		,	e. Date Signed	
Prayious Edition Usable				3-11-03	

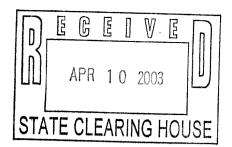


Figure 1: SF-424

OMB Approval No. 0348-0043

		2. DATE SUBMITTED		Applicant Identifier	
EDERAL ASSISTAN	CE	· 4-24; 20	nn3	The state of the s	
		3. DATE RECEIVED 8		State Application Identitier	
TYPE OF SUBMISSION:		3, DATE RECEIVED 6	: • (****	and a delication of the second	
A Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction APPLICANT INFORMATION	140tl-Cougarderion				
and Alarma:			Organizational Unit:		
Economic Resou	rces Corpor	aiton			ad an matter 'must'
dress (give city, county, State, a	and zip code):			number of person to be contact	SO ON MARIAN DO DE
2600 Industry	Way		this application (give a		
Lynwood CA 90 Los Angeles Co	262 un Ev		१५६६५ ६३७	<u>/-4810+++</u>	
EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in	
9 5 - 2 5 4 6				It ladean des Desert Dies	N
			A. State	<ul><li>H. Independent School Dist.</li><li>I. State Controlled Institution of</li></ul>	M Higher Learning
TYPE OF APPLICATION:			8. County	J. Private University	a cultura economis
X New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe	
		¬¹. ┌─	E. Interstate	L. Individual	
Revision, enter appropriate lette	or(E) in pox(es)		F. Internunicipal	M. Rewis Organization	
4 to 4 Ones	ease Award C. Increa	se Duration	G. Special District	N. Other (Specify) Non-	profit
A. Increase Award B. Decre  D. Decrease Duration Other(s)					(3)
D. Decrease Doration - Onigital	manita,		9. NAME OF FEDER	AL AGENCY:	morce
			U.S. pepa	artment of Com Development A	merce dministra
. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJ	ECT:
		1 1-300	71		
		1 1 1 13 10 10	Diha-	Ontio Broadhan	d Network
Puhlic L	Works and		Fiber (	Optic Broadban	d Network
TITLE: ECONOMIC	Morks and Developmen	nt	Fiber	Optic Broadban	d Network
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2. AREAS AFFECTED BY PRO	DJECT (Cities, Countles, S	nt Siates, etc.): geles		Optic Broadban	d Network
LAREAS AFFECTED BY PRO Lynwood, Compt So. Los Angele	DIECT (Cities, Countles, Ston, Los Anges County (Y	nt Sales, etc.): geles Willowbrook		Optic Broadban	d Network
Lynwood, Compt So. Los Angele	DJECT (Cities, Countles, S	nt Sales, etc.): geles Willowbrook		Optic Broadban	d Network
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2. AREAS AFFECTED BY PROLYNWOOD, COMPTSO. LOS ANGELS 3. PROPOSED PROJECT  Start Date   Ending Date   1-1-04   9-30-04	DIECT (Cities, Countles, Ston, Los Andes County (V	nt States, etc.): geles Willowbrook DISTRICTS OF:	area)	d 37th N SUBJECT TO REVIEW BY S	
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AREAS AFFECTED BY PRO LYNWOOD, COMPI SO. LOS ANGELE  APPOPOSED PROJECT  tan Date 1-1-04 9-30-04  S. ESTIMATED FUNDING:  Federal  Applicant  State  C. Other  Program Income  TOTAL  TO THE BEST OF MY KNO	SECT (Cities, Countles, Ston, Los Anderson,	nt States, etc.): geles Nillowbrook DISTRICTS OF:  0 907,460.00 907,461.00  0 814,921.00  ALL DATA IN THIS APPL GOVERNING BODY OF	b. Project 39th an 16. IS APPLICATION ORDER 12372 F  a. YES. THIS PRI AVAILAB PROCES  DATE  D. No.    PROG    OR PR FOR R	d 37th  N SUBJECT TO REVIEW BY SPROCESS?  EAPPLICATION/APPLICATION  LE TO THE STATE EXECUTIVES FOR REVIEW ON:  April 10, 2003  RAM IS NOT COVERED BY E.  OGRAM HAS NOT BEEN SELE  EVIEW  ANT DELINQUENT ON ANY FOR A CONTRACT OF EXPLORATION.  ATION ARE TRUE AND CORE  THE APPLICANT WILL COME	WAS MADE E ORDER 12372 O. 12372 ECTED BY STATE EDERAL DEBT?  X No
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APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED  March 25	, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECSIVED BY	STATE	State Application Identifier
<u>Application</u>	Preapplication			114-45
Construction	✓ Construction	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Logal Name:			Organizational Unit:	
Peoples' Self-Help H	ousing Corporation	n	N/A	
Address (give city, county, State,		n nn 12		number of person to be contacted on matters involving
3533 Empleo Street		GEIVE	this application (give s	area code)
San Luis Obispo, CA	93401		Mark Wilson	(805) 781-3088 ×460
6. EMPLOYER IDENTIFICATION		APR 1 0 2003	7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)
95-2750	<del></del>	APR 10 2003		N N
9 5 - 2 7 5 0	1,1014   100		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		THE ADIAIO LICE	BeGounty	State Controlled Institution of Higher Learning     Private University
✓ Nev	Continue To AT	E CLEE ANDIANG HO	D. Township	K. Indian Tribe
If Revision, enter appropriate lell			E. Interstate	L. Individual
ii iverisioni circi eppropriessioni	1	.	F. Intermunicipal	M, Profit Organization
71. 11 DI DEGO 7 (11 CH C		e Duration	G. Special District	N. Other (Specify) Non-Profit
D. Decrease Duration Other(	(specify):		9. NAME OF FEDER	AL AGENCY-
·			9. NAME OF FEDER	AE AGENOT.
			USDA Rural Dev	velopment
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	ITLE OF APPLICANT'S PROJECT:
		10-405	68 unit permane	ently affordable multi-family rental housing
			project located in	n Paso Robles, California、A project
TITLE: 12. AREAS AFFECTED BY PR	O JECT /Cilios Countles St	totae etc.)-	summary is atta	ched.
i				
City of Paso Robles, San	Luis Obispo County,	Galliornia		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date Ending Date	a, Applicant	01-1-1-1	b. Project	Same
11/1/03 3/1/05		District	146 IS APPLICATION	N SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P	
a. Federal		go	ONDER 12372	
a. rederal		400,000	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS MADE
b. Applicant	¢,	. 00		LE TO THE STATE EXECUTIVE ORDER 12372
		an an	PROCES	S FOR REVIEW ON:
c. State	\$	1,000,000	DATE	03/27/03
d. Local	\$	- July	1	
		550,000	b. No. 🔲 PROGR	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$	11,285,378	<u> </u>	OGRAM HAS NOT BEEN SELECTED BY STATE
		00	FORRE	ZA JEAN
f. Program Income	\$ .	*	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	40.005.070	<b>⊣</b> '	"attach an explanation.
	,	13,235,378		
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF, A	LL DATA IN THIS APPLIC	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE (	SOVEKNING BODY OF TH VARDED	IC AFFEIGANT AND	THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Number
Scott Smith		C Assistant Secretar	у	(805) 781-3088
d. Signature of Authorized Ren	réséritativa			e. Date Signed
D. d	M / M	4		Standard Form 424 (Rev. 7-97)
Previous Edition Usable  Authorized for Local Reproduct	ion			Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

PPLICATION FOR	•			Applicant Identifier	
EDERAL ASSISTAN	ICE	2. DATE SUBMITTED  March 2		•	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
APPLICANT INFORMATION			To describe		
al Name:			Organizational Unit:		
Jal Name:  Olo County Housing dress (give city, county, State).  224 Lemen Avenue.  Voodland, CA 95776  EMPLOYER IDENTIFICATION:  9 4 6 0 0 3  TYPE OF APPLICATION:  Ner  Revision, enter appropriate left.  A. Increase Award  B. De  D. Decrease Duration  Other	and zip code):  , P.O. Box 1867  N NUMBER (EIN):  3 7 5  Continuation  tter(s) in box(es)  Crease Award C. Increa  (specify):  COMESTIC ASSISTANCE	1 0 — 4 0 5 Grants	Name and telephone this application (give a Danny Fred, 415-898-1750) 7. TYPE OF APPLICATION A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District  9. NAME OF FEDER USDA RD	H. Independent School Dist.  I. State Controlled Institution of It.  J. Private University  K. Indian Tribe  L. Individual  M. Profit Organization  N. Other (Specify) Public  TAL AGENCY:  TILE OF APPLICANT'S PROJEC	iates  In Higher Learning  Body
AREAS AFFECTED BY PROSENTED BY PROPOSED PRO JECT		,	First District		
PROPOSED PROJECT DUPLEX UNITS  Start Date Ending Date 11/1/03 6/1/04  5. ESTIMATED FUNDING:	a. Applicant Yolo County F	Housing Authority	b. Project	Country West II Duplexes ON SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
	1,160,000	50	ORDER 12372	PROCESS	
a. Federal o. Applicant	\$	600,000	AVAILAE	REAPPLICATION/APPLICATION V BLE TO THE STATE EXECUTIVE SS FOR REVIEW ON:	VAS MADE ORDER 12372
c. State	\$	500,000	DATE _		
d. Local	\$	60,000	b. No. 🖸 PROG	GRAM IS NOT COVERED BY E. C ROGRAM HAS NOT BEEN SELEC	. 12372 CTED BY STATE
e. Other	\$	۵٥ .	FORE	REVIEW	
f. Program Income	\$	00		CANT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$	1,160,000	TICH (DDEADDL)	CATION ARE TRUE AND CORRE	CT, THE
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Type Name of Authorized	IF THE ASSISTANCE IS	AWARDED.		c. Telephone Number (530) 669-2219	Y MIH THE
Dave Serena	egregentative,	Executive Direct	CTOT	e. Date Signed 3/25 /0	3
A Calling Hospital	di Slieva			Standard Form 42	24 (Rev. 7-97)

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Standard Form 424 (Rev. 7-97)

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Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE March 14, 2003 3, DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Prespolication V Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Red Bluff Housing Investors, L.P. a California limited partnership Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 5400 E. Olympic Blvd., Suite 300 Los Angeles, CA 90022 Tara Barauskas (562) 256-2032 G. EMPLOYER IDENTIFICATION NUMBER (EIN); to be determined 7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State H. Independent School Dist. 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning . B County J. Private University C. Municipal Revision X New Continuation D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Limited Partnership C. Increase Duration B. Decrease Award A. Incresse Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: **USRDA** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: New construction of a 61-unit farmworker 0 5 family housing development in Red Bluff California. TITLE: Farm Labor Housing 12 AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): City of Red Bluff, County of Tehama 14. CONGRESSIONAL DISTRICTS OF: 13 PROPOSED PROJECT 2 (Federal and State), State Senate 4 Ending Date a. Applicant Start Date Creekside Village 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a Federal 8. YES, THIS PREAPPLICATION/APPLICATION WAS MADE 100,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON: 6,783,732 c. State S d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE OD e. Other 1,488,942 Perm FOR REVIEW 5 f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL ON KO Yes If "Yes," attach an explanation. o i 8,372,674 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative 323-721-1655 John Clem President e. Date Signed Signature of Authorized Representative Ž1-03

APPLICATION FOR F	FEDE L	2. DATE SUBMITTED	Applicant Identifier	
ASSISTANCE	entile -	# Jr.		
TYPE OF SUBMISSION     Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier	
Construction  Non-Construction  5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: State of California		Organizational Unit:		
Department of Housir Development	ng and Community	Office of Migrant Services		
Address (give city, county, state, and zip of P.O. Box 952054	ode):	Name and telephone number of the person to be of application (give area code)	contacted on matters involving this	
Sacramento, CA 94252-2054	,	Richard Golladay (916) 327-0919		
6, EMPLOYER IDENTIFICATION (EIN): 94 - 6001347		7. TYPE OF APPLICANT: (enter appropriate lette A. State H. Independer B. County I. State Contro	t School District	
8. TYPE OF APPLICATION:  New Continual If Revision, enter appropriate letter(s) in both A. Increase Award B. Decrit C. Increase Duration D. Decrit (specify):	x(es): 0 0 vase Award	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District  B. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual F. Intermunicipal M. Profit Organization N. Other (Specify):		
		NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development		
10. CATALOG OF FEDERAL		11. DESCRIPTIVE TITLE OF APPLICANT'S PRO	JECT:	
DOMESTIC ASSISTANCE NUMBER:	<u>10 - 405 .</u>	Replace migrant farmworker housir	ng: 10 2-bedroom and 24	
TITLE: FMHA 514/516 Farm La		3-bedroom units, one laundry buildi community/day care building. Six e will remain.	ng, one office, and one	
Town of Newell	Modoc County, California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:		
Start Date	End Date	a. Applicant,	b. Project	
·		4	4	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIE ORDER 12372 PROCESS?	W BY STATE EXECUTIVE	
a. Federal	\$ 1,900,000.00	B. YES. THIS PREAPPLICATION/APPLII TO THE STATE EXECUTIVE ORDER ON:		
b. Applicant	\$	DATE <u>3/27/03</u>		
c. State	\$ 1,763,900.00	b. NO.		
d. Local: land donation	\$ 50,000.00	PROGRAM IS NOT GOVERED BY E.O. 12	372	
e. Other - State Buildings	\$ 350,000.00	OR PROGRAM HAS NOT BEEN SELECTION	ED BY STATE FOR REVIEW	
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY F	EDERAL DEBT?	
g. TOTAL	\$ 4,063,900.00	Yes If "Yes" attach an explanation.	⊠ No	
18. TO THE BEST OF MY KNOWLE HAS BEEN DULY AUTHORIZED ASSURANCES IF THE ASSIST	D BY THE GOVERNING BODY OF THE	S APPLICATION/PREAPPLICATION ARE TRUE AND E APPLICANT AND THE APPLICANT WILL COMPLY	CORRECT, THE DOCUMENT WITH THE ATTACHED	
Typed Name of Authorized Representativ     William J. Pavão	re .	b. Title Deputy Director	c, Telephone Number (916) 322-1560	
d. Signature of Authorized Representative			e. Date Signed	
Hil			3/27/00	
revious Edidons Not Usable			' '	

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ADDI IOATION			2 DATE SU	IRMITTED	OMB Approval No. 0346-0043 Applicant Identifier
APPLICATION FOR FEDERAL ASSISTANCE			3/26/03	, Commercial Commercia	, ipplicant ractioner
TEDERAL AGO	ID I AIVOL		3. DATE RE	CEIVED BY STATE	State Application Identifier
TYPE OF     Application     Construction     Non-Constructic	c	Application onstruction on-Construction	4. DATE RE	CEIVED BY FEDERAL AGENCY	Federal Identifier R021438
5. APPLICANT INFO	RMATION				
Legal Name:		In E G	E O V E	Organizational Unit:	
Address (give city, cot 1516 Ninth Street M Sacramento, CA 9	IS-1		R - 9 2003	Name and telephone number of matters involving this application	the person to be contacted on (give area code)
6 EMPLOYER IDENT EIN#: 680364		INS NUMBER: JNS #:		7. TYPE OF APPLICANT: (enter ap	A
8. TYPE OF APPLICA	TION:	STATE CI	<u> EARING HU</u>	U B. Leounty I. Sta	dependent School Dist. te Controlled Institution of Higher Leaming vate University
X New	Continuation		11	D. Township K. Ind E. Interstate L. Ind F. Intermunicipal M. Pr	sian Tribe lividual ofit Organization
If Revision, enter appr	opriate letter(s) B.Decrease Awa	اسسا اسسا	Duration	G. Special District N. Ot	her (Specify)
A.Increase Award D.Decrease Duration	Other (Specify):	id Gilliciease	e ouration	NAME OF FEDERAL AGENCY:     U. S. Department of Energy	
10. CATALOG OF FE 81.041	DERAL DOME	STIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TITLE OF APPI STATE ENERGY PROGRAM	LICANTS PROJECT:
TITLE: STATE ENERGY	PROGRAM				
12. AREAS AFFECTE Statewide	ED BY PROJEC	T (cities, countries	states, etc.)		
13. PROPOSED PRO			SSIONAL DISTRICT	<del></del>	
1 1	ding Date 5/30/04	a. Appliçant - 01 :		b. Project Statewide	
15. ESTIMATED FUN	DING:	1	6. IS APPLICATION SI	JBJECT TO REVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS?
a. Federal	\$3,0	034,000.00	ORDER 12372 PF	PLICATION/APPLICATION WAS MADE AVA COCESS FOR REVIEW ON	ILABLE TO THE STATE EXECUTIVE
b. Applicant	\$6	306,800.00	DATE: 4/9/03		
c. State (incl. PVE)	\$8,1	05,834.66	b. NO	PROGRAM IS NOT COVERED BY E.C	
d. Local		\$0.00		OR PROGRAM HAS NOT BEEN SELE	ECTED BY STATE FOR REVIEW
e. Other		\$0.00 : 1	7. IS THE APPLICA	NT DELINQUENT ON ANY FEDERA	_
f. Program Income		\$0.00	Yes If "Ye	s," attach an explanation.	No
g. TOTAL	1	746,634.66			
18. TO THE BEST OF MY I AUTHORIZED BY THE GO	KNOWLEDGE AND VERNING BODY C	DIBELIEF ALL DATA (N DE THE APPLICANT A	NTHIS APPLICATION/PEND THE APPLICANT WI	REAPPLICATION ARE TRUE AND CORRECT LL COMPLY WITH THE ATTACHED ASSURA	T. THE DOCUMENT HAS BEEN DULY ANCES OF THE ASSISTANCE IS AWARDED.
a. Typed Name of Au			b. Title		c. Telephone Number
	. Therkel		Execut	tive Director	(916) 654-4996 e. Date Signed
d. Signature of Author	orized Represer	ntative	•		e. Date Signed

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED February	25, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
SUNDAL	E MUTURAL	WATER CO.		CORPORATION
Address (give city, county, State, POST OFF) CE	and zip code): 551		Name and telephone this application (give a	number of person to be contacted on matters involving trea code)
LANCASTER,	CA 93534		BRUCE NI	ELSON (661) 942-2198
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			ANT: (enter appropriate letter in box)
95-2750	079		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
⊠ New	/ Continuation	Revision	C. Municipal	J. Private University
at Comment		- processing	D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
A Ingrana Award B Doo	roone Award C Incree	on Duration	F. Intermunicipal	M. Profit Organization
	rease Award	se Duration	G. Special District	N. Other (Specify)
D. Doorogoo Borggori	opeding).		9. NAME OF FEDERA	AL AGENCY:
		CONTRACTOR DE SOCIETA DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE C	USDA, A	RURAL DEVELOPMENT
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE I	NIIMRER:	1	TLE OF APPLICANT'S PROJECT:
IN ON INCOGO OF TEDERAL DI	OMESTIC ASSISTANCE	10-760	1	
		110-11010	SEE ATT	IACHEU
TITLE:	**************************************			
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, S	States, etc.):		
LOS ANGELES CON	INTY + MERA	1 COUNTY		
13. PROPOSED PROJECT	14. CONGRESSIONAL I	NETDICTE OF	<u> </u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL I	DISTRICTS OF: 2	ST	
Start Date Ending Date	a. Applicant		b. Project	
7-1-03 3-31-04	SUMOBLE M	VTUAL WATER	REPLACE	LINES + (2) WATER SYSTEM
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		CO.	ORDER 12372 PF	ROCESS?
a. Federal	\$ 6	00,000.""	. VEC THIS DOE	A PDUICATION/A PDUICATION WAS MADE
b. Applicant	\$	09	<del> </del>	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	Ψ	•	Į.	FOR REVIEW ON:
c. State	\$	.00	] n	PRIL 7 2 203
d. Local	\$	00	DATE	
u. 20001	T T	•	b. No.   PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$		OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
SUNDALE MUTUAL	(	0,000	FOR RE	/IEW
f. Program Income	\$	,00	47 10 7115 4501104	NE DEL MOUENE ON ANY SERVED AND DEPT
g. TOTAL	\$	00	<b></b>	NT DELINQUENT ON ANY FEDERAL DEBT?
9. 101112	661	0000	Yes If "Yes,"	attach an explanation.
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	SOVERNING BODY OF TH	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF		<del></del>		-
a. Type Name of Authorized Rep		b. Title TREASO	REA	c. Telephone Number (661) 942-2198
d. Signature of Authorized Repre				e. Date Signed April 5, 2003
1_Ah				
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Authorized for Local Reproduction	Off'		manus ar niverse reconstructive reconstructive for a family constructive for a family constructi	Prescribed by OMB Circular A-102
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		food had	Excellentumer*	
		STATE CLEAR	MG HOUSE	
		L		

APPLICATION FOR			OND Approvar No. 0040-00-
FEDERAL ASSISTANCE	2. DATE SUBMITTED April 7	, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY	STATE	State Application Identifier
Application Preapplication			
Construction Construction		FEDERAL AGENCY	Federal Identifier
✓ Non-Construction / Non-Constr 5. APPLICANT INFORMATION	uction		
Legal Name:		Organizational Unit:	
Čampesinos Unidos, Inc.			Unidos Self-Help Housing Progam
Address (give city, county, State, and zip code):		•	number of person to be contacted on matters involvi
P.O. Box 39		this application (give a	irea code) iz, Executive Director
Brawley, Imperial, California, 922	27	760.351.5100	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)	•	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 5 — 2 7 4 5 6 2 9		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		B. County	I. State Controlled Institution of Higher Learning
₩ New Continu	uation Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. Individual
		F. Intermunicipal	M. Profit Organization
71. Morcado / Mara	C. Increase Duration	G. Special District	N. Other (Specify) Non Profit
D. Decrease Duration Other(specify):		9. NAME OF FEDER	AL AGENCY:
	11 Annual	USD Rural Deve	elopment
10. CATALOG OF FEDERAL DOMESTIC ASSIS	TANCE NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
	10-420	Self-Help Housir	ng Project Consisting of the Construction
TITLE: USDA Rural Development	Self-Help Housing Program	of 18 homes in t	he Imperial County.
12. AREAS AFFECTED BY PROJECT (Cities, Co	unties, States, etc.):	-	
Holtville, Imperial, California, 92250			
		1	
	IONAL DISTRICTS OF:		
Start Date Ending Date a. Applicant	50th	b. Project	50th
3/1/03 8/31/03 5. ESTIMATED FUNDING:	3001	16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
	00	ORDER 12372 PI	
a. Federal \$	10,000	A VES THIS DOE	APPLICATION/APPLICATION WAS MADE
b. Applicant \$	00	_	E TO THE STATE EXECUTIVE ORDER 12372
J. Applicant	27,137	PROCESS	FOR REVIEW ON:
c. State \$	00	DATE	04/07/03
d. Local \$	.00		
e. Other \$	.00		AM IS NOT COVERED BY E. O. 12372 IGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income \$	.00	FOR RE	VIEW
	00		NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$	37,137	Yes If "Yes,"	attach an explanation.
18. TO THE BEST OF MY KNOWLEDGE AND B DOCUMENT HAS BEEN DULY AUTHORIZED B ATTACHED ASSURANCES IF THE ASSISTAN	BY THE GOVERNING BODY OF TH	CATION/PREAPPLICA TE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Representative	b. Title		c. Telephone Number
Jose M. Lopez	Executive Director		(760) 351-5100
d. Signature of Authorized Representative	pse M. DIGATE	6 6 1 V	e. Date Signed 4-7-03
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FEDERAL ASSISTANCE		2. DATE SUBMITTED March 2	5, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction				
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Plymouth			Organizational Unit:	.41.	
Address (give city, county, State,	and zin code):		City of Plymou	JIN number of person to be contacted on matters involvi	
Plymouth City Hall, 9	• •	O Roy 420	this application (give a		
Plymouth, Ca 95669		.0. 00% 429,	Kevin Bell (on (916)773-810	behalf of the City)	
6. EMPLOYER IDENTIFICATION	<del></del>		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
9 4 - 6 0 5 0	1 2 7		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning	
<b>☑</b> New	☐ Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate lette	er(s) in hoy(es)		D. Township E. Interstate	K. Indian Tribe	
in revision, enter appropriate lette	er(s) iii box(es)		F. Interstate  F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Deci	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):				
			9. NAME OF FEDERA	L AGENCY:	
			USDA RUS		
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU		11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
TITLE: Water and W	/aste Disposal Loan an	1 0 — 7 6 0		ction system, wastewater treatment al facilities improvements.	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Stat	es, etc.):			
City of Plymouth and surro	ounding area				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
8/1/03 8/1/06	Doug Ose 3rd	Cong Dist		Same	
15. ESTIMATED FUNDING:			16. IS APPLICATION : ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$	751,000 · · ·	ONDER 12372 TR	002007	
b. Applicant	\$	731,000		PPLICATION/APPLICATION WAS MADE	
b. Арріїсані	Ψ	•		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State	\$	80,000	DATE		
d. Local	\$	.00	h No. II BROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	\$	.00	OR PROG	RAM HAS NOT BEEN SELECTED BY STATE	
f. Program Income	\$	.00	FOR REVI		
g. TOTAL	\$	00		T DELINQUENT ON ANY FEDERAL DEBT?	
40. TO THE DEST OF MANY		831,000		ttach an explanation. 🔽 No	
DOCUMENT HAS BEEN DULY	VLEDGE AND BELIEF, ALL AUTHORIZED BY THE GOV	DATA IN THIS APPLICA	ATION/PREAPPLICATI	ION ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF T	THE ASSISTANCE IS AWAR	RDED. TO E A	years process process as a	EAPPLICANT WILL COMPLY WITH THE	
<ul> <li>Type Name of Authorized Repr</li> <li>Selby Beck</li> </ul>	1	b. Title Mayor		c Telephone Number 209-245-694/	
d. Signature of Authorized Repres			R - 7 2003	e Date Signed 4-4-03	
Previous Edition Usable	0			Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction	1			Prescribed by OMB Circular A-102	
		STATE C	EARING HOU	SE	

## APPLICATION FOR PTFP FUNDS

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 For PTFP

Check here if Revised Form

OMB Approval 0660-0003

CFDA 11.550

For PTFP Use

ΔPPI	IC A	TION	PART

1. APPLICA	NT			ID#(ÉIN)	95-2767537	
					93-2101331	
Legal Name Organizational		ommunity College Distric	t	Main		
Unit	KCRW Radio S	tation		C4-4!	W FM 89.9	
Mailing Address (line 1)	1900 Pico Blvd.			Letters	Radio MHz	TV Channel
Address (line 2 if required)			NOTE AND A STATE OF THE STATE O			
City	Santa Monica		State CA	County Los	s Angeles z	ip <u>90405-1628</u>
3. Administrati	ve Contact		E-mail will.lewis@ko	rw.org		
Mr., Ms.	Dr. First Name	M. I. Las	t Name	Jr. etc Posit	ion	
Mr.	Will	Le	wis	Mar	nagement Consulta	int
Phone # <u>(310</u>	) 314-4614		Fax #	(310) 450-71	72	
4. Engineering	Contact					CEIVEL
Full Mr. S Name	Steven Herbert		Enginee Phone		l Ac	
Title Chie	f Engineer			(310) 314-46	52	'R 7 2003
					- ISTATE O	LEARING HOUS
PROJECT II	NFORMATION	5a. Enter "Y" if Reactivation	5b. Old File # 2068	<ol> <li>Enter "Y" if nev FCC authoriza</li> </ol>	v tions Y	E-ATING HOUS
7. Enter letter(s	) to classify project			are required	over the service of consideration	
(P)lanning or	C (R	adio or (T)V R (B)roa	adcast or (N)onbroadcast B	8. Length of Project (# of	18	
(C)onstructio	n or	(RT) for both or (BN	N) for both	months)		
9. Check ONE I	oox which best descril	pes the type of your project and	enter the estimated number of p	ersons that the projec	t will benefit	
A. New Broad	cast .	B. Broadcast	C. Digital TV	D. Nonbroa	adcast	10, Enter the
Station, Repea Translator; 1st		Equipment Replacement,	Conversion	(e.g. Distar Learning	nce	Priority or Category
origination	***************************************	Augmentation		Activation of Expansion		under which you request
FIRST servi proposed fa	ce added by cility	CURRENTLY served by	CURRENTLY served by applicant.	CURRE applican	NTLY served by t.	the application be reviewed
	·····	applicant.		- I		
ADDED SE covered by	RVICE to those others	753,197	Enter "Y" if a	NEW se	rvice added by proposed	4B
			multi-year application			
		- Halles - AMOREA	•		11. Single	
13. ESTIMA	TED FUNDING (	whole dollars) 14. is	s applicant subject to review by Execu	itive Order 12372?	Congressional District of Applicant	
a. Federal Req	uest \$	38,188	Enter NO if state has no Single Point of O Office of PTFP program is not selected for	r state	, , , , , , , , , , , , , , , , , , , ,	29
b. Applicant Sh	are \$	20.400	review. Otherwise enter Yes.	NO	- 12. Other Cong. d	istricts served by A 1-3, NY 4, 5-9)
		38,188			23rd	,
c. TOTAL	\$	76,376 15. Is	s applicant delinquent on any Federal Inter YES or NO. If YES, attach expla	Debt? nation. NO	_   24th	
d. Fed. % of eli	gible costs	50.00 %		Maker riske machinek di riske prime proprie serit iske	_	
		THORIZED REPRESENT				

The document Rules if the ass	has been duly authorized by the sistance is awarded.	ne governing	board of the applicant and the Phone # (31)		nply with the attached assurances and the I	>TFF
Mr., Ms., Dr.	First Name	M. I.	Last Name	Jr. etc	Position	
Mr.	Thomas	<u>J.</u>	Donner	***************************************	Chief Business Officer	
ignature of authori: epresentative	zed Momas	J 14	- m	Date signed	4/2/03	
uthorized for Lo	cal Reproduction			This form expires 1	0/31/2003 Previous Editions NOT usable	

# APPLICATION FOR PTFP FUNDS PAGE 2

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

OMB Approval 0660-0003

Replace aging transmitter, ar increase from 200 watts ERF additional sections of the cou Additionally, this project offer	to 850 watts ntv seat of ne	ERP for KCRU, earby Ventura an	Öxnard. d parts of	This will i Santa Pa	ncrease t ula, addir	the city gra	ide 60 dE to some	3u sig 67,00	nal contour 00 persons.	to
18. Types of Applicant (Enter approp	riate letter in box	<)		19. Stati		THI	S YEAR	1	NEXT YEAR IF	
A. State J. Private L	niversity			Opei	rations	Number	Hrs./V	۷k	Number	Hrs./Wk
D. Township M. Non-pro	I (NOTE: Not eligib līt	le for PTFP funding)		Full	Time Staff	1	3	40	13	40
E. Interstate O. Other (s F. Intermunicipal G. Special District	oecity)			Part	-Time Staff	M	3	15	6	15
H. Independent School District     State Controlled Institute of     Higher learning	4.1				Volunteers	18	0	4	180	4
	H			Operat	ing Budget	\$	9,958,	245	\$ 10	0,456,157
20. Public Broadcasting Affiliations	ар	neck if nonbroadcast plication and therefor t Applicable	re Q. 20			ship in nation as appropria		oadcas	sting organizati	ions.
Enter "Y" if applicant is currently CPB qualified	INC	к Арріісавіе			PBS	NPR	NFCB	PRI	Other *	Other
If applicant is NOT	Date of exp	pected qualification		This year		Y		Y		
currently CPB qualified, enter "Y" if qualification is expected.				Next year		Y		Y		
Proposed Community of lie	ense Cha		CC File #	) Lag	guna Peal	Site Name		O	wned Leas	ed
22. Yes (No) Have you ap Please provi  23. List all public radio, TV stations type signal to the proposed service City  Thousand Oaks, CA City	de information re		al funds in the ar 24 aff this (C) Co	n another Fe ne Remarks  I. Areas fected by is Project iities, punties, ates, c.)	section belo	ow or on anot Ventura,	ther page.		project? /entura Cou	unty
Thousand Oaks, CA		KCPB Call Letters								
Santa Barbara, CA REMARKS (continuation of any item	s from page 1 or	KFAC this page continue	on plain pa	per attacher	I to this pag	e if necessar	·~··	***************************************		
		, ,			- 1-33		,			

## APPLICATION FOR FEDERAL ASSISTANCE

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
		April 4.2	2003			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION	<u> </u>	<u>*                                      </u>				
Legal Name:	ŧ		Organizational Unit:			
	as Sanitary	, District	San And	reas Sanitary District		
Address (give city, county, State,	and zip code):		Name and telephone	number of person to be contacted on matters involving		
P.O. Box 666	San Andrea	S	this application (give a	rea code) Gary McGeorge		
Calaveras	county CH	. 95249		54-3281		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIÑ):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
94-6050	163			<b>G</b>		
	1.16.16.		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
⊠ New	Continuation	Revision	C. Municipal	J. Private University		
		1	D. Township	K. Indian Tribe		
If Revision, enter appropriate letter	er(s) in box(es)		E. Interstate	L. Individual		
		- <del></del>	F. Intermunicipal	M. Profit Organization		
,,	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(	specify):		9. NAME OF FEDER	AL AGENCY:		
			//nited	states Dept. Agriculture		
			Will Co.	7,101.02		
			Kurai	Development TLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEDERAL D						
water and W	aste Disposal	10-760	Treated	Effluent Outfall		
			Dinalia	e to the North Fork		
TITLE: LOGO 12. AREAS AFFECTED BY PRO	/ Grant P	<u>rogram</u>	ripenn	e 10 mexamilions		
			of the	Calaveras River		
Cammanity	rof San A	ndreas				
			<u> </u>			
13. PROPOSED PROJECT	14. CONGRESSIONAL D	3rd	Doya	050		
Ota d Data	a. Applicant		b. Project			
Start Date Ending Date	1		Same			
1/10/03 1/11/04 15. ESTIMATED FUNDING:	Same		16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 P			
	T#	00	- ORDER IZOIZI			
a. Federal	\$ 1,300,0	· ·	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE		
t. A - ti- and	18	00		E TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	1°	·	1	FOR REVIEW ON:		
c. State	\$	.00	1			
C. State	l° ↔		DATE _	1pril 4,2003		
d. Local	\$	.00	1	•		
d. Eocai	· -		b. No. PROGR	AM IS NOT COVERED BY E. O. 12372		
e. Other	\$	.00		GRAM HAS NOT BEEN SELECTED BY STATE		
	<del>-0</del>		FOR RE	VIEW		
f. Program Income	\$	.00				
	-0		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	.00	Yes If "Yes,"	attach an explanation.		
1	1,300,	<u> </u>				
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE G	OVERNING BODY OF TI	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW			c. Telephone Number		
a. Type Name of Authorized Re	presentative	District	Manager			
Gary Me	bearge	1 DISTURE	19 19 19 19 19 19 19 19 19 19 19 19 19 1			
d. Signature of Authorized Repr	esentative		POCA P I - Principal de Caralle partir a consequente de company (Caralle Caralle Caral	April 4, 2003		
Devilers California de la calca	14			Standard Form 424 (Rev. 7-97)		
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#### APPLICATION FOR PTFP FUNDS

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 For PTFP Use

'Check	here	if
Rovico	d Fo	rm

APPI	ICA	MOIT	PΔ	RT I

1. APPLICA	NT				2. Employe ID # (EIN)	r 94-6002544	
Legal Name	Monterey Cou	 nty Office of Educat	ion		•		
Organizational Unit		lesources & Techno			Main Station		
Mailing Address (line 1)	Post Office Bo		.531 (	_	Call Letters	Radio MHz	TV Channel
Address (line 2 if required)				_			
City	Salinas			State CA	County Mor	nterey	zip <u>93912-0851</u>
3. Administrati	ve Contact		E-	mail mmellon@mo	nterey.k12.ca.us		
Mr., Ms.,	, Dr. First Name	M. I.	Last Name		Jr. etc Positio	on	
Mr.	Michael	R.	Mellon		Direc	ctor, IR&T	
Phone # (831	) 755-0383			Fax #	(831) 753-788	8	
4. Engineering	Contact				,		
Full Mr. C	Gerald Zimmer			Engineer			
Title Engli	neer			Phone	(831) 755-038	9	- Ut- III III III III II II II II II II II I
1311311							
PROJECT IN	NFORMATION	5a. Enter " Reactive	Y" if vation N	5b. Old File #	<ol><li>Enter "Y" if new FCC authorization</li></ol>	ons Y	
7. Enter letter(s)	to classify project				are required		
(P)lanning or (C)onstruction	C (i	R)adio or (T)V Tr (RT) for both	(B)roadcast or (Nor (BN) for both	N)onbroadcast N	Length of     Project (# of     months)	24	
9. Check ONE b	oox which best desci	ribes the type of your pro	ject and enter the e	estimated number of pe	rsons that the project	will benefit	
A. New Broado		B. Broadcast	. C. Dig	gital TV	D. Nonbroad	cast	10. Enter the
Station, Repeat Translator; 1st origination		Equipment Replacement, Augmentation	l Co	nversion	(e.g. Distanc Learning Activation or		Priority or Category under which
FIRST service	ne added by	I Additionation	 	JRRENTLY served by	Expansion	TLY served by	you request the application
proposed fac	cility	CURRENTLY served applicant.		plicant.	applicant. 67,853		be reviewed
	RVICE to those	1 	! En	ter "Y" if a		ice added by proposed	Special Application
covered by c	xners		— mu	ulti-year plication	facility 5,140		
						11. Single	
13. ESTIMAT	TED FUNDING (	(whole dollars)		ibject to review by Executiv		Congressional District of Applicant	17
a. Federal Requ	est \$	265,583	Office of PTF	tate has no Single Point of Cor P program is not selected for s rwise enter Yes.	ntact state Yes		
b. Applicant Sha	are \$	265,583					districts served by PA 1-3, NY 4, 5-9)
c. TOTAL	\$	531,166	15. Is applicant de	elinquent on any Federal D NO. If YES, attach explana	ebt? ation. NO	17	
d. Fed, % of elig	ible costs	50.00 %		· · · · · · · · · · · · · · · · · · ·	water removement and a second		
16 CERTIE	CATION BY ALL	THORIZED REPRE	SENTATIVE	To the best of my know	الرائح كمال حالما ومساورات	oto in this application	a are true and correct
The document		norized by the governing	g board of the app	olicant and the applica	ant will comply with		
	First Name	M. I.	Last Name	one # ( <u>831 ) 755-</u>	Jr. etc Position		
Mr.	William	. <u>D.</u>		EGEI V	Super	intendent	
Signature of authorize representative	ed Will	ai 2, 2	an)	<u> </u>		03/03	

tkarwin

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APR - 7 Thursday expires 10/21/2003 Previous Editions NOT usable

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval 0660-0003

17. Summary of application (Summarize the parties project extends the Monterey Counterey County. The project will protect that they need urgently for academic	ounty Distar	nce Learning Net ntary and adult st	work (Internetudents with	t2) to four access to	r isolated ru a broad ra	iral commu nge of dista	nities in the s nce learning	southern resources
18. Types of Applicant (Enter appropriate lette	er in box)		19. Statio		THIS	YEAR	NEXT YEAR	
A. State J. Private University			Oper	ations	Number	Hrs./Wk	Number	Hrs./Wk
B. County K. Indian Tribe C. Municipal L. Individual (NOTE: N D. Township M. Non-profit	Not eligible for PT	FP funding)	Full-	Time Staff	27	1120	27	1120
E. Interstate O. Other (specify) F. Intermunicipal G. Special District			Part-	Time Staff	1	30	1	30
H. Independent School District I. State Controlled Institute of Higher learning			,	/olunteers	0	0	0	0
<u>[A</u>			Operati	ng Budget	\$	3,278,722	\$	3,311,502
20. Public Broadcasting Affiliations  Enter "Y" if applicant is currently CPB qualified  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.			This year  Next year		as appropriate		Other	Other
Proposed Community of license  Greenfield, CA  San Antonio, CA	Channel # Pending Pending	FCC File #	Han	ley Peak ams Hill	ite Name	(	Owned Leas  X	ed
22. Yes No Have you applied to, ir Please provide informa  23. List all public radio, TV stations or ITFS fact type signal to the proposed service area (1 MV City  City  City  City	ation regarding of	other Federal funds in ovide a similar B for TV).	the Remarks so	ection belov Bradley,	v or on anothe	er page. San Antonio	project?	ucas (all
L REMARKS (continuation of any items from page	ge 1 or this pag	e continue on plain p	paper attached t	o this page	if necessary)			

APPLICA	TION F	OR			2. DATE SUBMITTED		Cant Identifier	
FEDERAL	_ ASSIS	<b>NATE</b>	ICE		4-3-03		LeeVining-AIP03	
1. TYPE OF SUBM	ISSION				3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application		Prea	application				,	
o Construction	on	o C	onstruction		4. DATE RECEIVED B	Y AGENCY	Federal Identifier	
Xo Non-Cor	struction	o N	on-Construc	tion				
5. APPLICANT INF	ORMATION							
Legal Name:						Organizational U	nit:	
County of Mo							f Public Works	
Address (give ci	ty, county,	state a	nd zip code	):			none of the person to be contacted	I on matters involving
PO Box 457						this application (g	dman, Director	
Bridgeport C	A 93517	•				760-932-5440		
6. EMPLOYER IDEI	NTIFICATION	NUMBE	ER (EIN):			7. TYPE OF APPLIC	ANT: (enter appropriate letter in bo	DX) B
	9 5	_ [	6 0	0 5	6 6 1	A. State	H. Independent School Dist.	of High and appoint
8. TYPE OF APPLI			0   0	0 0	10 10 11	B. County C. Municipal	<ol> <li>State Controlled Institution</li> <li>Private University</li> </ol>	of Higher Learning
<b>v</b>		_				D. Township E. Interstate	K. Indian Tribe L. Individual	
Xo Ne	•W	o C	ontinuation		O Revision	F. Intermunicipal		
If Revision, enter	r appropriat	te letter	r(s) in box(e	s)			t N. Other (Specify):	
A. Increase A D. Decrease			crease Awa		Increase Duration	9. NAME OF FEDER	AL ACENOV	
D. Decrease	Duration	E. Oi	her ( <i>specify</i>	).			on Administration	
10. CATALOG OF	EEDERAL D	OMEST		1	<del></del>		TITLE OF APPLICANT'S PROJECT:	
ASSISTANCE		ONEST		2 0	_ 1 0 6	II. DESCRIPTIVE I	TILE OF APPLICANT 5 PROJECT.	
TITLE, AIDD	ont lunn	O) /E1 41	THE DOG	D 4 4 4		Lee Vining Air		
TITLE:AIRPO	JKT IMPRI	OVENIE	ENT PROG	RAM			ironmental Assessment, CE	EQA EIR, Design
						Only for Phase	e 1 Improvements	
12. AREAS AFFECT	TED BY PROJ	JECT (C	ities, countie	es, states	s, etc.):			
Land Minimum AA	0		_116					
Lee Vining, M	ono Coui	nty, C	alifornia					
13. PROPOSED PR	OJECT		14. CONGR	ESSIONAL	. DISTRICTS OF:			
Start Date	Ending	Date	a. Applica				b. Project	
6-1-03	9-30-		25				25	
15. ESTIMATED FUI	NDING:			16.			TATE EXECUTIVE ORDER 12372 PRO	CESS?
a. Federal		4	150,000 .0	00 a.			ON WAS MADE AVAILABLE TO THE PROCESS FOR REVIEW ON :	
b. Applicant		***************************************			DATE 4-			•
c. State			22,500.0	)O b.		M IS NOT COVERED E	BY E.O. 12372	
d. Local					O OR PRO	RAM HAS NOT BEEN	SELECTED BY STATE FOR REVIEW	
e. Other			27,500.0		o on no	or with the real factors	OCCEPTED BY OWNER OWNERS	
f. Program Incor	ne			00 1	7. IS THE APPLICANT	DELINQUENT ON ANY	FEDERAL DEBT?	
g. TOTAL			).	00				
	DE MA KNOW		500,000.0	•	Yes, If "Yes", atta		XO No E TRUE AND CORRECT, THE DOCUME	NT LIAC DEFN DULY
AUTHORIZED BY TH	E GOVERNIN	G BOD	Y OF THE APP	LICANT A		LL COMPLY WITH THE	ALTACHED ASSURANCES IF THE ASS	
a. Typed Name		zed Re	presentative	•		b 17914 15 15		lephone
Richard Board			-4-41			Director	760-	-932-5440
d. Signature of Au	ລ	-				IIIII	- 7 2003       e. Da	ate Signed
<u> </u>	TXUAY	KON	WA			7 1 1 1 1	<u> </u>	14145
Previous Editions	Not Usable					1 - 1	Standard Fo	rm 424 (RFV 4-88)

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

OMB Approval No 0348-0043 icant Identifier 2. DATE SUBMITTED **APPLICATION FOR** FEDERAL ASSISTANCE Brvant-AIP03 4-3-03 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication 4. DATE RECEIVED BY AGENCY Federal Identifier Xo Construction o Construction o Non-Construction o Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: County of Mono Department of Public Works Name and telephone of the person to be contacted on matters involving Address (give city, county, state and zip code): this application (give area code) Richard Boardman, Director PO Box 457 760-932-5440 Bridgeport CA 93517 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) В H. Independent School Dist. A. State 9 5 6 0 0 5 6 6 1 State Controlled Institution of Higher Learning B. County Private University 8. TYPE OF APPLICATION C. Municipal K. Indian Tribe Township E. Interstate L. Individual Xo New O Continuation O Revision F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration 9. NAME OF FEDERAL AGENCY: D. Decrease Duration E. Other (specify): Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 2 0 0 6 ASSISTANCE NO. **Bryant Field Airport** TITLE: AIRPORT IMPROVEMENT PROGRAM Obstruction Removal, Paving & Lighting 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Remove obstructions, pave stopways, install lighted signs, distance markers, PAPI, REIL & miscellaneous lighting & Bridgeport, Mono County, California vault modifications.. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: b. Project Start Date **Ending Date** a. Applicant 6-1-03 9-30-06 25 25 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE 369,000 .00 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant DATE 4-3-03 c. State b. NO. O PROGRAM IS NOT COVERED BY E.O. 12372 18,450.00 d. Local OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 22,550.00 e. Other .00 f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? .00 g. TOTAL O Yes, If "Yes", attach an explanation XO No 410,000.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH, THE ATTACHED ASSURANCES F THE ASSISTANCE IS AWARDED Hille Typed Name of Authorized Representative c. Telephone Dinector 760-932-5440 Richard Boardman d. Signature of Authorized Representative e. Date Signed APR - 7 2003

Previous Editions Not Usable

TE CLEARING HOLL Prescribed by OMB Circular A-102

### **Application for Federal Assistance**

### U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Ī	0 D. L. O. L. 194-1	A LILID Application Number
1	2. Date Submitted 03/28/2003	4. HUD Application Number 122-43099
Type of Submission     Application Preapplication	3. Date and Time Received by HUD	5. Existing Grant Number
Application Preapplication	5. Date and Time Neceived by 110b	J. Existing Grant Number
		6. Applicant Identification Number
		o. Applicant Identification (Variable)
7. Applicant's Legal Name	8. Organizational Unit	
Auburn Park, Inc.	Auburn Park, Inc.	
9. Address (give city, county, State, and zip code)	10. Name,title,telephone number,	fax number, and e-mail of the person to be
A. Address: 2025 Westwind Drive	contacted on matters involving th	is application (including area codes)
B. City: Bakersfield	A. Name: Konny Boyd	
C. County: Kern	B. Title:Owner	
D. State: California	C. Phone: 661-322-3291	
E. Zip Code: 93301	D. Fax: 661-322-3392	
	E. E-mail: konnyboyd@aol.com	
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appre	·
	A. State	I. University or College
47-0906983	B. County	J. Indian Tribe
13. Type of Application	C. Municipal	K. Tribally Designated Housing Entity (TDHE)
X New Continuation Renewal Re	vision D. Township	L. Individual
	E. Interstate	M. Profit Organization
If Revision, enter appropriate letters in box(es)	F. Intermunicipal	N. Non-profit
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authority
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)
	14. Name of Federal Agency	
	U.S. Department of Housing	
15. Catalog of Federal Domestic Assistance (CFDA) Number	16. Descriptive Title of Applicant's	
1 4	134 Section 232 New Construction. F	
Title: Mortgage Insurance for Rental Housing	, ,	ing facility. The site is zoned R-3
Component Title:		and has been approved for use as a multi
17. Areas affected by Program (boroughs, cities, counties, Stat		acility for senior citizens age 62 or older
Indian Reservation, etc.)		roject will have a lg. Lobby, coffee bar,
Bakersfield, Kern County, California		, store, central dining room and library.
18a. Proposed Program start date 18b. Proposed Program e		
Upon issuance of Loan  20. Estimated Funding: Applicant must complete the Fundin	22nd	Program 22nd
21. Is Application subject to review by State Executive Order 12		2/20/02
A. Yes X This preapplication/application was made av	aliable to the State Executive Order 123/2 F	Process for review on: Date 3/28/U.5
B. No Program is not covered by E.O. 12372		The state of the s
Program has not been selected by State for		
22. Is the Applicant delinquent on any Federal debt?  Yes If "Yes," explain below or attach an explanation.	No CTA	E OF ENRICH HOUSE
		The state of the s

Mar 28 2005 12:01 P.03

Funding Mat	rìx				<u></u> J <sub>V</sub> .1				
The applicant must p	provide the funding m	atrix shown b	elow, listing ea	ch program for	which HUD 1	lunding is being			
	plete the certifications								
Grant Program*	HUD	Applicant	Other HUD	Other Federa	State	Local/Tribal	Other	Program	Total
	Share	Match	Funds	Share	Share	Share		Income	
737	\$6,120.000								\$6.120,000
	·								
Grand Totals	\$6,120,000								\$6,120,000
For FHIPs, show	both initiative and co	mponent							
Certification	S		· · · · · · · · · · · · · · · · · · ·						-
1	it of my knowledge an	d belief, that	no Federal app	propriated funda	have been	paid, or will be pa	aid, by or on I	pehalf	
of the applicant, to a	any person for influen	cing or attern	pting to influen	ice an officer or	employee ol	fan agency, a M	ho redma		
1 •	r or employee of Con	-		_				_	
•	t or its extension, reni fluencing or attemptin								
	Report Lobbying. I co	-	•	•					
I ' '	disclose accordingly.								
1	ed Indian Tribes and		_						
1	ercise of the tribe's si established under Sta	-		-	•	Amenoment, oc	sale-recog	msed moran	
	corporates the Assure					plication or rene	ws and incon	orales for	
• •	seeking the Assuran			•		•	-	· ·	
information in this a the agreement.	application is true and	correct and	constitutes ma	terial representa	llion of fact i	upon which HUD	may rely in a	warding	
23. Signature of Aut	thorized Official	4/	3	J	Name (print	. 7	Konny Boyd		
Title Owder	18		3					28/20	ο <b>3</b>

## Public To Communications Facility & F NTIA/Department of Commerce/Washington DC 20230

acili:		Program	Check here in Revised Form
aton DC 2	りしていい	(	

OMB Approval 0660-0003

CFDA 11.550

9.4	Revise
For PTFP	
Line	

MB Approval 660-0003	NI DADT I	14111120pa	CF	DA 11.550		Use			
APPLICATIC					2. Em <sub>l</sub> ID # (E		0756		
. APPLICA						77 010	0.00		
egal Name Organizational	Evergreen Val				Main				
Jnit	Community Co	ollege			Station Call Letters	D. II.		TV Channel	
Mailing Address (line 1)	3095 Yerba Bu	uena Road		mark the	Letters	Radio M	1Hz <sup>-</sup>	t Cilamiei	
ddress (line 2 required)					0	Santa C	lara <sub>zin</sub>	95135-1598	
City	San Jose			State <u>CA</u>				30100-1000	
. Administrativ	ve Contact		E	-mail <u>adrienne.akin</u>	sete@sjeccd.	cc.ca.us			
Mr., Ms.,	Dr. First Name	M. I.	Last Name			Position			
Mrs.	Adrienne		Akinsete			Dean			
Phone # <u>(408</u>	) 270-6450			Fax #	(408) 532	-9212		E D V I	
4. Engineering	Contact						& cra	-	$\rightarrow HH$
Full Mr. C Name	Carl Fisher			_ Enginee Phone		-7900	APR .	<sup>-</sup> 7 2003	[[]]
Title <u>Medi</u>	ia/Network Supe	ervisor		_	(100) 21.	STAT	Pre		
PROJECT II	NFORMATION	5a. Enter "\	/" if ation <u>N</u>	5b. Old File #		f new prizations N	E CLEA	RING HOU	SF
7. Enter letter(s	) to classify project	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			are require	ed			
(P)lanning or (C)onstructio	r C	R)adio or (T)V T	(B)roadcast or or (BN) for both	(N)onbroadcast N	8. Length of Project (# months)	of <u>12</u>	-		
9. Check ONE I	box which best desc	cribes the type of your pro	ject and enter the	estimated number of p	ersons that the p	roject will benefit			
A. New Broade Station, Repea Translator; 1st	cast ater or	B. Broadcast Equipment Replacement, Augmentation	. c. ı	Digital TV Conversion	D. No (e.g. I Learn Activa	nbroadcast Distance ing ation or	 	<b>10.</b> Enter the Priority or Category under which	
origination FIRST servi proposed fa	ice added by acility	CURRENTLY served applicant.	1	CURRENTLY served by applicant.		RRENTLY served	by	you request the application be reviewed	
ADDED SE covered by	RVICE to those others	1	' <sub> </sub>	Enter "Y" if a nulti-year application		W service added b illity 676	y proposed	Special Ap	plicatior
						11. Si	ngle		
13. ESTIMA	TED FUNDING	(whole dollars)		subject to review by Execu		Di	ongressional strict of oplicant	16	
a. Federal Req	······································	395,754	Office of I	if state has no Single Point of C PTFP program is not selected for therwise enter Yes.	Contact or state NO	40.0	than Cong dia	tricts served by	
b. Applicant Sh	nare \$	131,919	,		***************************************	p	1-52	1-3, NY 4, 5-9)	]
c. TOTAL	\$	527,673	15. Is applican Enter YES	delinquent on any Federa or NO. If YES, attach expla	Debt? anation. NO				
d. Fed. % of eli	igible costs	75.00_ %							
16. CERTIF	ICATION BY A	UTHORIZED REPRE	SENTATIVE	To the best of my kn	owledge and beli	ef, all data in this	application	are true and correc	it. P
The document	t has been duly au sistance is awarded	thorized by the governing	g board of the	applicant and the app Phone # (408) 27	4-7900		ned assurar		•
Mr., Ms., Dr.	First Name	M. I.	Last Name		• • • • • • • • • • • • • • • • • • • •	Position			
Dr.	H.Clay		Whitlow			President /	1 ===		-
Signature of authori representative	ized	Wille			Date signed	4/1/	101	>	

akinsete

# Public To communications Facility as Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval 0660-0003

8 Types of Applicant (En	ter appropriate	e letter in box)		<b>19.</b> Stati		THIS	YEAR		IF PROJECT
				Oper	ations	Number	Hrs./Wk		Hrs./Wk
B. County C. Municipal	J. Private Univer	sity TE: Not eligible for I	PTFP funding)	Full	-Time Staff	2	4	10 3	40
E. Interstate F. Intermunicipal	M. Non-profit   O. Other (specify	1)		Part-	-Time Staff	3	2	20 3	20
G. Special District H. Independent School Dist I. State Controlled Institute					Volunteers	0		0 0	0
Higher learning				Operat	ing Budget	\$	206,59	97 \$	358,971
20. Public Broadcasting Af		Check in applicate Not App	if nonbroadcast tion and therefore Q. olicable	20	Members Enter "Y" PBS	as appropriat	e.	dcasting organiz	ations. Other
currently CPB qualified		Date of expecte	d qualification	This year					
If applicant is NOT currently CPB qualified enter "Y" if qualification	, [ ]	Date of expected	u quameaton	Next year					
					doral progra	ım for this pro	ject or a rela er page.	ated project?	

### Public Tele\_ommunications Facilities\_'rogram Check here if Revised Form

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r	Р	T	P	

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FOR FILL LONDS	NTIA/Department of Commerce/Washington DC 20230	For
OMB Approval		,
0660-0003	CFDA 11.550	Use
APPLICATION PART I		

		7			2. IC	Employer )#(EIN)	2718837		
. APPLICA						<u> </u>	27 10037		
egal Name Irganizational	Rural California	Broadcasting Corp	oration		Main				
lnit	KRCB-FM			_	Station Call Letters	KRCB FM Radio	91.1 I	KRCB TV	22 Channel
failing Address (line 1)	5850 Labath Ave	enue		<del></del>		Radio	WITZ	10	Chamber
adress (line 2 required)				State CA	Cc	unty Sonoma		Zip 9492	.8-
City	Rohnert Park								
. Administrati	ive Contact		E-	mail <u>nancy_dobbs@</u>			· · · · · · · · · · · · · · · · · · ·		
yv Mş	or First Name	M. I.	Last Name		Jr. etc	Position President	and CEO		
Ms.	Nancy		Dobbs			Trodiadit	4114 020		
Phone # <u>(707</u>	7) 585-8522 ext. 1	02		Fax #	(707)	585-1363			
4. Engineering	n Contact						ar gages T		
Full Mr. I Name	Larry Stratton			Engineer Phone		COE 0E00		E B	[F] []
Title Chie	ef Engineer			<del>-</del>	(707)	585-8522	1131		出世
and the second of the second o		F F 1	N/4 : £	5b. Old	6 Enter	"Y" if new	700	APD	
PROJECTI	NFORMATION	5a. Enter " Reactive	vation N	File #	FCC	authorizations Neguired		an U	7 20
7 Enter letter.s	s) to classify project				8. Leng	th of .	STAT	ECLEA	The state of the s
(P)lanning o	. 0	)adio or (T)V R (RT) for both	(B)roadcast or or (BN) for both	(N)onbroadcast B		ect (# of	2	<u>E ULEA</u>	RINGI
0 Chack ONE	hay which hest descri	hes the type of your pro	oject and enter the	estimated number of pe	ersons that	the project will be			
A, New Erbad		B. Broadcast	¹ C. E	Digital TV	ı	D. Nonbroadcast			nter the
Station, Rece Translator 1s	eater or	Equipment Replacement, Augmentation	1	Conversion	1	(e.g. Distance Learning Activation or		Cate	ity or gory ir which
origination		Augmentation		CURRENTLY served by	1	Expansion  CURRENTLY se	erved by	you the a	equest pplication
proposed f	vice added by facility	CURRENTLY server applicant.		applicant.	ţ	applicant.		be re	eviewed
ADDED S	ERVICE to those				. !	NEW service ad	ded by propos	ed : 2	
covered t		221.037	· '	Enter "Y" if a multi-year application	1	facility		1	
							11. Single		
13 ESTIMA	ATED FUNDING (	whole dollars)	14. Is applicant	subject to review by Execu	itive Order 12	23729	Congression District of Applicant	nal 6	
a Federal Re		18,298	Office of f	if state has no Single Point of C PTFP program is not selected fo therwise enter Yes.	ontact r state	Yes			
b. Applicant S	ihare S	6,100	TEVIEW. C	The Mac Cities and			12. Other Cor project (e.	ng, districts se g. PA 1-3, NY	rved by 4, 5-9)
	spinor and an artist of the state of the sta		15 Is pontion	t delinquent on any Federat	Debt?		CA-1		
e TOTAL	\$	24,398	Enter 7ES	or NO if YES attach expla	nation.	NO			
a Fed. % of a	eiigible costs	<u>75.00</u> %							
16. CERTI	FICATION BY AU	THORIZED REPR	ESENTATIVE	To the best of my kn	owledge ar	nd belief, all data	in this applica	ation are true	and correc
The docume	nt has been duly aut ssistance is awarded.	norized by the govern	ing board of the	applicant and the appl Phone # (707) 58	licant will ( 5-8522	comply with the	attached as	surances a	nd the PTF
Mr. Vis. D:	First Name /	M. I.	Last Name	101 / 30	Jr. etc	Position			
Ms.	Nancy //					Presiden	t and CEC		
Signature of author	1/1 /h	MAX	1/6		Date	$\mathcal{U}_{1}$	3/0	<u> </u>	
representative	1/0		<i>'</i>	Th	signed	1	evious Editions	NOT usable	
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### Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval

17. Summary of application (Summarize the purposes of the application in a few sentences.)

This applications seeks Priority 2 replacement of antiquated and failing equipment in our audio production studio with new, digital-compatible equipment.

8. Types of Applicant (Enter appropriate letter in box)						19. Station Operations		THIS YEAR			NEXT YEAR IF PROJECT FUNDED	
						00010110110		Num	ber	Hrs./Wk	Number	Hrs./Wk
A. State B. County C. Municipal D. Township	J. Private University K. Indian Tribe L. Individual (NOTE: Not eligible for PTFP funding) M. Non-profit				ı	Full	-Time Staff		3	120	3	120
E. Interstate F. Intermunicipal		Other (specify	")	ı		Part	-Time Staff		4	85	4	85
G. Special District     H. Independent School Di     State Controlled Institut							Volunteers		120	4098	120	4098
Higher learning	M				Opera	ting Budget	\$		499,785	\$	533,795	
20. Public Broadcasting	Affilia	ations		Check if nonbroadc			Members	hip in na	ational pu	iblic broadca	asting organiza	ations.
3				application and ther Not Applicable	refore Q. 20		Enter "Y"	as appr	•			
Enter "Y" if applicant i currently CPB qualifie		<b>v</b>		4.6			PBS	NPR	NF	CB PRI	Other	Other
If applicant is NOT		1	Date of	expected qualification	on	This year		Υ	Υ	Υ		
If applicant is NOT currently CPB qualifie enter "Y" if qualification is expected.						Next year	•	Υ	Y	Υ		

21. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license

Channel #

FCC File #

Site Name

Owned

Leased

22. Yes

Have you applied to, intend to apply to, or received funds from another Federal program for this project or a related project? Please provide information regarding other Federal funds in the Remarks section below or on another page.

2

23. List all public radio. TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

Call Letters

Santa Rosa, CA

City

City

**KBBF** Call Letters

Call Letters

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

24. Areas affected by this Project (Cities, Counties, States, Etc.)

Sonoma County, California, including the cities of Santa Rosa, Sébastopol, Healdsburg, Cloverdale, Asti, Rohnert Park and Cotati and widespread unincorporated areas.

#### AFFLICATION FOR PTFP FUNDS OMB Approval 0660-0003

Public Indecommunications Facinities Program

IA/Department of Commerce/Washington \_ 3 20230 For PTEP

CFDA 11.550

Check here if Revised Form For PTFP Use

APPLICATION DART I

	PARTI				2. Employe	r	
1. APPLICANT					ID # (EIN)	68-0050440	
Legal Name Me	endocino Cou	ınty Public Broadc	asting				
Organizational Unit KZ	YX-FM				Main Station	/ <b>514</b> 00 =	
Mailing Address (line 1)	O. Box 1	·			Call <u>KZY</u> Letters	KFM 90.7  Radio MHz	TV Channe
Address (line 2 93 if required)	00 Hwy. 128						
City Ph	ilo			State CA	County Mei	ndocino	Zip 95466-
3. Administrative Co	ontact			E-mail gm@kzyx.org			1
Mr., Ms., Dr.	First Name	M. I.	Last Name	)	Jr. etc Positio	חח	
	Diane	L.	Hering			eral Manager	
Phone # (707) 89	5-2324			Fax #	(707) 895-245		
4. Engineering Con					( : 0 : ) 000 2 : 0		
Full Owen O				Engineer			
Name Chief En				Phone	(707) 895-232	4	
Ciller	girieer				, ,		
PROJECT INFO	RMATION	5a. Enter "	'Y" if vation <u>N</u>	5b. Old File #	6. Enter "Y" if new	1631	B R
7. Enter letter(s) to cl	assify project	Reacti	vador <u>iv</u>	File #	FCC authorizati are required	01/3/1 <del>1///</del>	(5)
(P)lanning or	; (R)	adio or (T)V R	(B)roadcast	or (N)onbroadcast B	8. Length of Project (# of /	APA	*
(C)onstruction	or	(RT) for both	or (BN) for b	oth	months)	1477	> ann
9. Check ONE box w	hich best descrit	oes the type of your pro	oject and enter t	he estimated number of pe	ersons that the project	will benefit	908 ///
A. New Broadcast	1	B. Broadcast	i c	. Digital TV	D. Nonbroad	will benefit AP	16 All Enter the
Station, Repeater or Translator; 1st local origination		Equipment Replacement, Augmentation	1	Conversion	(e.g. Distance) Learning Activation or	е	AD Enter the Prigrity or Sategory
FIRST service add	led by	, agnorator	! !	CURRENTLY served by	Expansion	***************************************	you request
proposed facility		CURRENTLY served applicant.	i by	applicant.	applicant.	TLY served by	the application be reviewed
ADDED SERVICE	to those		-				
covered by others	to triose	66,871		Enter "Y" if a multi-year	NEW serv facility	ice added by proposed	2
	,		\ 	application			l
42 FOTHATED	FUNDING (		14 la applica	nt authors to various by Francis	O.d 100700	11. Single Congressional District of	
13. ESTIMATED a. Federal Request	* SPINDING (A			nt subject to review by Execution  O if state has no Single Point of Corf PTFP program is not selected for s		Applicant	1
		41,789	Office o review.	f PTFP program is not selected for s Otherwise enter Yes.	Yes	12. Other Cong.	districts served by
b. Applicant Share	\$	41,789				project (e.g.	PA 1-3, NY 4, 5-9)
c. TOTAL	\$	83,578	15. Is applica Enter YES	nt delinquent on any Federal D 3 or NO. If YES, attach explana	Pebt? ation. NO	NONE	
d. Fed. % of eligible o	costs	50.00 %					
16. CERTIFICAT	ION BY AUT	HORIZED REPRE	SENTATIVE	To the best of my know	wledge and ballet -!! -	lata in this!!!!	
	een duly autho			applicant and the application Phone # (707) 805	ant will comply with	the attached assu	rances and the PTFI

Last Name First Name M. I. Position Mr., Ms., Dr. Jr. etc Diane Hering General Manager Signature of authorized representative Date signed

KZYX2

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# Public Tolecommunications Facilities Program . IA/Department of Commerce/Washington 22 20230 CFDA 11.550

OMB Approval 0660-0003

ypes of Applicant (Enter appropr	riate lette	er in box)			19. Stati	on rations	TH	IS YEAR	١	NEXT YEAR I	
State J. Private Ur County K. Indian Tril	niversity				Оре	auons	Number	Hrs	s./Wk	Number	Hrs./Wk
Municipal L. Individual Township M. Non-profil Interstate O. Other (sp.	(NOTE: N t	lot eligible for PTF	P funding)		Full-	Time Staff		6	40	6	4
Intermunicipal Special District Independent School District	ecity)				Part	Time Staff		3	20	4	. 2
State Controlled Institute of Eligher learning	М					Volunteers	15	50	3	150	
	141	Section and the section and th			Operat	ing Budget	\$	42	1,000	\$	425,00
Public Broadcasting Affiliations	/www.www	Check if no	nhroadcast			Marchael					
· processing			and therefore	Q. 20		Enter "Y"	nip in natior as appropri	ate.	broadcas	ting organizat	ions.
Enter "Y" if applicant is currently CPB qualified						PBS	NPR	NFCB	PRI	Other	Other
If applicant is NOT	Date	e of expected qu	alification		This year		Υ	Υ	Υ	Υ	
currently CPB qualified, enter "Y" if qualification is expected.					Next year		Y	Υ	Υ	Υ	
			eren eren kan samana aran saran		TO THE		errene e e e e e e e e e e e e e e e e e	eriperatus de la describa de describa de describa de la describa del describa de la describa de la describa del describa de la describa del de la describa d	-		
	** * *********************************			ENTE to cold Volt websering or	2	erren er		The second discussible spheres processed as you			
res (No) Have you appl circle one) Please provide	informa	atend to apply to	ther Federal	funds in th	another Fede Remarks s	ection belov	w or on anot	her page		roject? o rely on s	ianal
signal to the proposed service are	ea (1 MV	for FM, Grade Call Lett	B for TV).	aff thi (C	ected by s Project ities,	(Mendoc Albion, E	ino Coun Ik. Pt. Ar	ty, inclu ena. Bo	ding Ft.	Bragg, Me Philo, Navi ood Valley,	endocino, arro
		0-111-44	***************************************		ounties, ates, c.)	Valley, C	covelo, W	illits, La	ytonville	ou vaney,	rollei
Cit.		Call Lett	ers		•						
City											

#### APPLICATION FOR PTFP FUNDS Public I C'ecommunications Faci les Program Revised Form

OMB Approval 0660-0003

**APPLICATION PART I** 

A /D / 1 - 5 C		INEVISED I OITH	
. ∴A/Department of Commerce/Washington ∟ ⊃ 20230	For PTFP		
CFDA 11.550	Use		
2 Emple	MOR		

1. APPLICAI	NT					ID	# (EIN) 68-	-0050440		
Legal Name	Mendocino Cou	 unty Public Broa	dcasting							
Organizational Unit	KZYZ-FM					Main Station	KZVY EM	90.7		
Mailing Address (line 1)	P.O. Box 1					Call Letters	KZYX FM Radio		TV	Channel
Address (line 2 f required)	9300 Hwy. 128									
City	Philo				State CA	Cou	unty Mendocir	10	Zip <u>954</u>	66-
3. Administrativ	ve Contact			E-ma	il gm@kzyx.org					
Mr., Ms.,	Dr. First Name Diane	M. I.				Jr. etc	Position General M	lanager		
Phone # <u>(707</u>	) 895-2324				Fax#	(707) 8	395-2451			
4. Engineering	Contact									
Name	en O'Toole f Engineer				Engineer Phone		395-2324		Të n	Par
7. Enter letter(s) (P)lanning or (C)onstruction	n or	Relation or (T)V R	or (BN)	cast or (N)c	bb. Old File # onbroadcast B	8. Length Project months	uthorizations N quired	APR B. CLEA	- 7 20	03
A. New Broadc Station, Repea Translator; 1st origination	ter or local	B. Broadcast Equipment Replacement, Augmentation	· · · · · · · · · · · · · · · · · · ·	C. Digita Conv	ITV ersion RENTLY served by	D. (e	Nonbroadcast g. Distance earning ctivation or xpansion  CURRENTLY ser		10. l Prio Cate undo you the	Enter the rity or egory er which request application
7,701  ADDED SEF covered by cover	RVICE to those	CURRENTLY so applicant.	erved by	l applic	"Y" if a year	;   	NEW service addracility	ed by propose	1	eviewed B
13. ESTIMA a. Federal Requ	TED FUNDING (	whole dollars) 84,900		Enter NO if state	ect to review by Execut has no Single Point of Co program is not selected for	ntact state	2?	Single     Congressiona     District of     Applicant	ı <u>1</u>	
b. Applicant Sha	are \$	28,301	r	eview. Otherwi	se enter Yes.	<u> Y</u>	_		. districts se . PA 1-3, NY	ved by 4, 5-9)
c. TOTAL	\$	113,201	<b>15.</b> Is a Ent	pplicant delir er YES or NO	quent on any Federal D J. If YES, attach explan	Debt? ation. N	10	NONE		
d. Fed. % of elig	ible costs	75.00_ %								
The document	CATION BY AU has been duly auth stance is awarded.					cant will com	pelief, all data in aply with the at	this applicati ttached assu	on are true urances ar	and correct d the PTFP
Mr., Ms., Dr.	First Name	M. I.	Last Na	ame		Jr. etc	Position			
******************	Diane	<u>L</u>	Herin	9			General Ma			
Signature of authorize representative	ed	eane L	Me		j	Date signed	3	31.0	3	

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## Public T 'ecommunications Faci' ies Program

CFDA 11.550

ΚZ	Summary of application YX seeks partial so 01 people.							n KZYZ t	hat will pro	ovide fii	rst publ	ic radio ser	rvice for
18.	Types of Applicant (En	er approp	riate lette	r in box)	na and and an about the delication of the state of the st	uer ( a A ) adalasinin kattiin kattiin tirakeen tirakeen tirakeen tirakeen tirakeen tirakeen tirakeen tirakeen	19. Statio		THI	S YEAR	ľ	NEXT YEAR I	
٨	State	J. Private Ur	niversity				Oper	ations	Number	Hrs	./Wk	Number	Hrs./Wk
B. C	County . Municipal	<ol> <li>Indian Tri</li> <li>Individual</li> </ol>	be (NOTE: No	ot eligible i	for PTFP fundir	ng)	Full-	Time Staff		6	40	6.	40
F.	Interstate (Intermunicipal	M. Non-profi D. Other (sp	nt pecify)				Part-	Time Staff		3	20	4	20
Н	. Special District . Independent School Distr State Controlled Institute o	rict of					,	√olunteers	15		3	150	3
	Higher learning		M				Operati	ng Budget			1,000		425,000
20.	Public Broadcasting Af  Enter "Y" if applicant is currently CPB qualified			appli	ck if nonbroad cation and the Applicable	lcast erefore Q. 20	)	Members Enter "Y"	hip in nationa as appropria	al public ite.	broadcas	sting organiza	tions.
	currently CPB qualified	Υ	D-4-				This year				Maria San Carlo Ca		p
	If applicant is NOT currently CPB qualified enter "Y" if qualification		Date	e or expe	cted qualificat	ion			Y	Y	<u>Y</u>	Y	
	is expected.						Next year		Υ	Υ	Ý	ΥΥ	.1
	Proposed Comm	unity of lic	ense	Chann	nel#	FCC File	#	5	Site Name		O	wned Leas	sed
23.	Yes (No) Har (circle one) Har Ple List all public radio, TV e signal to the proposed City City City City	ase provid	le informa r ITFS fac	cilities wh	arding other F	ederal funds similar	from another Fed in the Remarks s 24. Areas affected by this Project (Cities, Counties, States, Etc.)	Inland M Hopland Garbervi Sonoma Geyserv	w or on anot lendocino ), Northeri ille). Sout	County Mend hern M Cloverd	/ (cities locino ( endocii	of Willits, I County (Lay no and Nor aldsburg, ndocino Co	ytonville, thern
		and a fact of the same of the ball state of the fact of the same o	and the second s		TOTAL DE ANTIGO DE LEGIS DE LE MENTANDO DE LE LEGIS DE L			Lamanaramanaraman					
REI	MARKS (continuation o	f any items	s from pag	ge 1 or th	nis page con	tinue on plair	n paper attached	to this page	e if necessar	y)	** ************************************		

Figure 1: SF-424

PPLICATION FOR						VE NO. 0340-00-3
EDERAL ASSISTA	NCE		April 3, 2003		Applicant Identifier	
TYPE OF SUMMISSION:		3	, DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication  Construct  Non-Cons		DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
APPLICANT INFORMATION					· · · · · · · · · · · · · · · · · · ·	
County of	San Fran	ncy of t	he City and	Organizational Units San France	isco Redevelopment	in matters knychring
odress (give dry, county, State 770 Golde San Franc	n Gita ()	venue 942026	3120 V E	tel:415-74	macodo) KEVIN MASUD 19-2508 19-2526 <u>kevin masu</u>	A da@sfgov.or
EMPLOYER IDENTIFICATION	N NUMBER LE	V:) \	PR - 4 20,03	7. TYPE OF APPLIC	ANT: (enter appropriate letter in box H. Independent School Dist.	N
TYPE OF APPLICATION:			•	B. County	I. State Controlled Institution of Hi	igher Learning
Men	w Con	nuetton	CP TOWNING I	C. Windcipal D. Township	J. Private University • K. Indian Tribe	
f Revision, enter appropriate let			The hart	E. Interstate F. Intermunicipal G. Special District	L. Individual  M. Profit Organization  N. Other (Specify) OUASI-G	Gov't Agenc
A, increase Award 8, De D, Decrease Duration Other	creuse Awaid (specify):	C. Increase	Duration			
p. pecialis outline.	[-p)/.	₹.		2. NAME OF FEDER	,	
				Department	of Commerce evelopment Administ	tration
D. CATALOG OF FEDERAL I	TOLHERYIN ARA	STANCE NU	MAER:	11. DESCRIPTIVE T	THE OF APPLICANT'S PROJECT	1
IG. CATALOG OF PEDERAL		<b></b>	111-201	- I UDG CEHELLES	and deconstruction	
TITLE: 201					uildings at Hunter	s Point
12 AREAS AFFECTED BY PR City and County of Sa			es, ec.:	Shipyard,		
13. PROPOSED PROJECT	14. CONGRE	ssional dis Calliforn	<mark>присть о</mark> б: nia 8th Distr			
Start Date Ending Data 10/15/03 12/31/0	a. Applicant	Same		b. Project Same	N SUBJECT TO REVIEW BY STA	YE SYSCIMUS
15, ESTIMATED FUNDING:		\$1,463,00	0	ORDER 12372		IIE EXECCIII
a. Federal	S	\$1,330,00	00	R YES. THIS PR	EAPPLICATION/APPLICATION WA	AS MADE ORDER 12372
b. Applicant	\$	\$133,00		PROCE	S FOR REVIEW ON:	
c. State	5		50	DATE 4	April 3, 2003	•
d Local	\$	·	\$0 · · · · · · · · · · · · · · · · · · ·	b, No.   PROG	FRAM IS NOT COVERED BY E. O. FOGRAM HAS NOT BEEN SELECT	12372 TED BY STATE
n. Other	\$		<b>2</b> 0		EVIEW	. =
f. Program Income	\$		\$0		CANT DELINQUENT ON ANY FED	
g. TOTAL	\$	\$1,463,0			s," attach an explanetion.	⊠ No
12 to the best of my ki document has been du attached assurances	ILY AUTHORIZI	ED BY THE G	OVERNING BODY OF ARDED.	THE APPLICANT AND	CATION ARE TRUE AND CORRECT THE APPLICANT WILL COMPLY	WITH THE
a Type Name of Authorized I Marcia Roset	Representative	•	b. Tile	ive Director	c. Telephone Number 415-749-2400 e. Date Signed	·
d. Signature of Authorized Re	S	Ch.	,		April 3, 2003 Standard Form 424	(Rev. 7-97)
Previous Edition Usable	retion				Prescribed by OMB	

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APPLICATION F	OR	2. DATE SUBMITTED		Applicant Identifier is
FEDERAL ASSIS	STANCE	3/14/2003		·
1. TYPE OF SUBMISSION	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	3. DATE RECEIVED BY	Y STATÉ	State Application Identifier
Application	Preapplication	4. DATE RECEIVED BY	VACENCY	Federal Identifier
Construction	Construction	T. DATE RECEIVED B	I VOEMO!	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction			
Legal Name:	<u> </u>		Organizational Un	
Community Action A	gency of Butte County,	Inc.		
Address (give city, county,			Name and telepho this application (g	none of the person to be contacted on matters involving
2255 Del Oro Avenue	e, Oroville, Ca 95965		Thomas P. Te (530) 538-755	enorio
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter in box)
9 4	- 1 6 4 0 5 A	4 6	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION		M-	C. Municipal D. Township	J. Private University K. Indian Tribe
L∐ New	Continuation	Revision	E. Interstate	L. Individual
If Revision, enter appropriat  A. Increase Award		A Increase Duration	F. Intermunicipal G. Special Distric	
D. Decrease Duration	E. Other (specify):	Daration	'	
			· 27 - 20 (1) 医电子关系原则 经经济的 (1) (2) 医克克特氏管皮肤炎	RAL'AGENCY: MENT OF AGRICULTURE
10. CATALOG OF FEDERAL	DOMESTIC 1	0 - 7 6 9	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:
ASSISTANCE NO.			Child Care Fy	xpansion and Enterprise Feasibility
TITLE:			1	
12. AREAS AFFECTED BY PR Oroville, Paradise, Butt	ouect (Cities, Counties, State e County, California	s, ec.):		· .
13. PROPOSED PROJECT 1	4. CONGRESSIONAL DISTRICTS	OF:	L n	olect
Start Date   Ending Date   a   8/1/2003   8/1/2004	. Applicant 2		b. Pro 2	ojeci
.15, ESTIMATED FUNDING		16, IS APPLICATION S	UBJECT TO REVIEW E	BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$50,000.00			ATION WAS MADE AVAILABLE TO THE
b. Applicant	\$12,000.00	STĂTE EX		2372 PROCESS FOR REVIEW ON:
c. State	\$0.00	DATE	March 14,	2003
d. Local	\$0.00	b. NO. PRO	GRAM IS NOT COVER	RED BY E.O. 12372
e. Other		ORP	ROGRAM HAS NOT BE	BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	\$0.00 \$0.00	17. ISTHEAPPLIC	ANT DELINOUENT ON	NANYFEDERALDEBT?
g. TOTAL	\$62,000.\$0.00	Yes if "Yes" att	ach an explanation	No
			and the second second	
AUTHORIZED BY THE GOVER	WILL GE AND BELIEF ALT DAY	AND THE APPLICANT W	TIL COMPLY WITH TH	RETRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY HE ATTACHED ASSURANCES (FITHE ASSISTANCE IS AWARDED)
a. Typed Name of Autho	rized Representative b.	Title cutive Director	i	c. Telephone (530) 538-7559
Thomas P. Tenorio		Cuave Director		
d. Signature of Authorized R	epresentative	100 for 100 for 1 5 11th X	ווד סרקונוו	e. Date Signed
L / 1/2		JSIIUH UN	ATE CLEARIN	V10 3/14/03
Previous Editions Not Usab	le			Standard Form 424 (Rev. 7-97)
Authorized for Local Reproc	fuction	2003	4 - A9A	Prescribed by OMB Circular A-102

<b>APPLICATION FOR</b>				OMB Approval No. 0348-0043
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		Applicant Identifier
I EDEIGE ACCIONA		April 2, 200	3	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication	April 2, 200	3	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION			Organizational Unit:	
Legal Name:	th C Uuman Coru	iooc Aconow(HH	1	Primary Care
Tulare County Heal Address (give city, county, State,		ices Agency (nn	Name and telephone	number of person to be contacted on matters involving
5957 S. Mooney B			this application (give a	
Visalia, CA 932		untv	Karen Haugh	
		dirty	(559) 737-4	660 ext. 2305
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 4 — 6 0 0 0	5 4 5		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
		Revision	C. Municipal	J. Private University
<u>X</u> New	/ Continuation	☐ Keal21011	D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
	L		F. Intermunicipal	M. Profit Organization
/1, 111010400 / 111414 =	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(	specify):		9. NAME OF FEDER	AL AGENCY:
				Development Rural Housing
			Service	
	OMEGTIC ACCIDENANCE N	IIMPED.	11 DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N			
		1 0 — 7 6 6	Binocular M	licroscope for Lindsay Clinic
TITLE:Community	Facilities Loa	ns & Grants		•
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St.	ates, etc.):		
04. 6.7.4.1				
City of Lindsay	T	IOTOLOTO OF		
13. PROPOSED PROJECT	14. CONGRESSIONAL D			
Equipment Start Date Ending Date	a. Applicant	DISCITCE ZI	b. Project	
04/03 N/A	Tulare County	ннси		Microscope for Lindsay Clinic
15. ESTIMATED FUNDING:	I Turare County	IIIIOA	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
\$1,132			ORDER 12372 P	ROCESS?
a. Federal	\$	.00	T	TO THE TOTAL OF THE TOTAL AND
55%		623		APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant 45%	\$	509	i .	S FOR REVIEW ON:
	<u></u>	00		
c. State	\$	•	DATE AP	oril 2, 2003
d. Local	\$	.00		
u. Local			b. No. PROGR	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	.00		OGRAM HAS NOT BEEN SELECTED BY STATE
			FOR RE	VIEW
f. Program Income	\$	.00	15 10 5UE ABBUILD	ANT DELINQUENT ON ANY FEDERAL DEBT?
·		00		
g. TOTAL 100%	\$	1,132	Yes If "Yes,"	' attach an explanation.
	WI EDGE AND BELIEF A		CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DILL	Y AUTHORIZED BY THE G	OVERNING BODY OF TH	HE APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW	ARDED.		
a. Type Name of Authorized Re	presentative	b. Title	and the state of t	c. Telephone Number
Karen Haught, M.	D.	Medical Dir	ector 5	(559) 737-4660 ext. 2305
d. Signature of Authorized Repr	esentative /	TUTE -		e. Date Signed April 2, 2003
	laught			Standard Form 424 (Rev. 7-97)
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APPLICATION FO	R		2. DATE	SUBMITT	ĒD	Applik Identifie				
FEDERAL ASSIST	TANCE									
1. TYPE OF SUBMISSION:			3. DATE	RECEIVED E	Y STATE	State Application Id	lentifler			
Application	Praapplicati	on								
Construction	Construction		154-5	TOTAL TO	V PEDEDAL ACENCY	Federal Identifier				
			4, DATE	4. DATE RECEIVED BY FEDERAL AGENCY Federal						
XX Non-Construction	Non-Const	ruction	-							
A DOUGLESTON NECESTA	ATION	<del>-   </del>	IE B	F 11 1	V E F					
5. APPLICATION INFORMA	NION	<del></del>	(a)	15 11 -	Organizational Unit					
Legal Name The Regents of the Ur	niversity of C	alifornia			CELCERT					
Address (give city, county, st	ate and zin code	7 7 7 7 7 7	APR	A 0	Name and telephone	number of the person	to be contacted on matters involving			
University of California	a Riverside	)	MIII	- 4 2	this application (give	afion (give area code)				
Office of Research Aff				Administrative Contr			Technical Contact			
		1		-	Linda L. Bryant		Matthew Barth			
200 University Office	Danonia	151A	TE CLE	ARING	909/787-5535		909-781-5782			
Riverside, CA 92521	TION NI IMPE	-		- 11 111 2	7. TYPE OF APPLIC	ANT: (enter appropr	riate letter in box)			
6. EMPLOYER IDENTIFICA	ATTOM NOWING			_	•					
9 5	6 0 0	6 1	4 2		A. State	H. Independent	School Dist. led Institution of Higher Learning			
				J	B. County C. Municipal	J. Private Unive				
					Ci. Municipal Ci. Township	K. Indian Tribe				
8. TYPE OF APPLICATION	<b>l</b> ;				E. Interstate	L. Individual				
New	Continu	ation	Revision		F. Intermunicipal		ization			
If Revision, enter appropriate	(elter(s) in hove	s(es)	7		G. Special Distric	t N. Other (Speci				
A, Increase Award	B. Decrease	Award C	increase	Duration	9. NAME OF FEDE					
D. Decrease Duration	Other (specif					al Protection Ag	encv			
				<del></del>	11, DESCRIPTIVE T					
10. CATALOG OF FEDERAL DOMESTIC 6			5	0 0	I 11, DESCRIPTIVE T	HILE OF APPLICAN	II O FROMEGI.			
ASSISTANCE NUMBER:			┙ └	1	Designations Entered	o Spatial and Ta	emporal Distributions in Mobile			
TITLE: 2003-STAR-D2, Changes in the s							Tipolal Distributions in Mobile			
distribution of mobil	le source en	nissions	-		Source Emission	iio				
				-	1					
12. AREAS AFFECTED BY	PROJECT (cit	es, counties	s, states, etc	)						
AILLIGA										
All USA  13. PROPOSED PROJECT	τ.	14 CON	GRESSIONAL DISTRICTS OF:							
	nding Date	a. Applica		<u>,</u>		b. Project				
	9/30/06	CA 44				CA 44	4			
15. ESTIMATED FUNDING		<del></del>	16. IS APE	LICATION	SUBJECT TO REVIE	W BY STATE EXEC	CUTIVE ORDER 12372 PROCESS?			
	41,261		a. Y	FS 17HIS	PREAPPLICATION/AF	PPLICATION WAS N	MADE AVAILABLE TO THE			
g. 1 doubles	T1,601	l`		STAT	E EXECUTIVE ORDE	R 12372 PROCESS	FOR REVIEW ON:			
b. Applicant \$					. A: (DA: /D2					
				DATE	4/04/03		<del></del>			
c. State \$	***************************************		į, ki	0 886	GRAM IS NOT COVE	RED BY E 0 12372				
			b. N	O. PRO	GRAM IS NOT COVE	ACCULATE.U. IZJIZ				
d. Local \$		demokratery		OP	PROGRAM HAS NOT	BEEN SELECTED	BY STATE FOR REVIEW			
011				OR.						
e. Other \$		I								
f. Program Income \$			17. IS TH	E APPLIC	ANT DELINQUENT OF	N ANY FEDERAL DE	EBT?			
f. Program Income \$		I								
g. TOTAL \$7	41,261		Yes	If "Y	es," attach an explanati	on.	( No /			
1 -						CODEROT THE BOOK 1945	UT HAS BEEN DILLY			
18. TO THE BEST OF MY KNOWLI AUTHORIZED BY THE GOVERNIN	EDGE AND BELIEF,	ALL DATA IN T	HIS APPLICA	TION/PREAP	PLICATION ARE TRUE AND ( MPLY WITH THE ATTACHED	CORRECT THE DOCUMEN ASSURANCES IF THE A	SSISTANCE IS AWARDED			
AUTHORIZED BY THE GOVERNIN	IG BODY OF THE AF	PLICANT AND	THE APPLICA	b. Title	AT ANIAL DESIGNATION OF THE PARTY OF THE PAR		c. Telephone number			
e. Typed Name of Authoriz	en uchiesailiatii				tracts and Grants	Analyst	(909) 787-5535			
Linda Bryant	Danasantalia						e. Date Signed			
d. Signature of Authorized	representative									
1 / 1 .	100		/				14/4/12			
I hunder	としりん	^y~=A	······································				G-1-1-0-10-10-10-10-10-10-10-10-10-10-10-			
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<b>APPLICATION F</b>	OR				OMB Approval No. 0348-004
FEDERAL ASSIS	STAN	CE	2. DATE SUBMITTED		Applicant Identifier
			April 1, 2003		
1. TYPE OF SUBMISSION	<b>4</b> :		3. DATE RECEIVED BY	STATE	State Application Identifier
Application		reapplication			
Construction	1 1	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction 5. APPLICANT INFORMA	TION	Non-Construction			
Legal Name:	TION			Organizational Unit:	
City of Orange Cove			The second secon	Department of Pub	olic Works
Address (give city, county,	State, al	nd zip code):	-VLIVEL/	1	number of person to be contacted on matters involvi
633 Sixth Street		en e	00 0 000	this application (give a	
Orange Cove, CA 936		37t	PR 3 2003	1	irez, City Administrator
6. EMPLOYER IDENTIFIC	ATION I	NUMBER /F/N)	DESCRIPTION OF THE PROPERTY OF	(559)626-5103 7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
		ISTATE OF	GLEARING HOUSE		C
94 60	0 3	0 6 5		A. State	H. Independent School Dist.
8. TYPE OF APPLICATIO	N:			B. County	I. State Controlled Institution of Higher Learning
Σ	<b>∐</b> New	Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe
If Revision, enter appropria	ate letter	(e) in hov(ee)		D. Township E. Interstate	L. Individual
in nevision, enter approprie	ale letter	(3) III DOX(63)		F. Intermunicipal	M. Profit Organization
A. Increase Award	B. Decrea	ase Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration	Other(sp	ecify):			
				9. NAME OF FEDERA	AL AGENCY:
			V5247-V		
					Agriculture - Rural Utility Services
10. CATALOG OF FEDER	RAL DON	MESTIC ASSISTANCE NU	IMBER:		TLE OF APPLICANT'S PROJECT: e sewage collection and treament system:
			1 0 7 6 0	repairing sewer line	es damaged by storms, installing an
TITLE: Water a	nd Was	tewater Loan and Gran	t Program	interceptor along N	Monson Avenue, and modifying the existing
12. AREAS AFFECTED B				frm 1 to 2 MGD an	plant to increase average dry weather flow d change to land disposal of effluent.
City of Orange Cove					
13. PROPOSED PROJEC	T 1	4. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending D	ate a	. Applicant		b. Project	
7/01/01 9/30/04	- 1	District # 20		District #20	
15. ESTIMATED FUNDING	G:	<u> </u>		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		<u> </u>		ORDER 12372 PF	ROCESS?
a. Federal	4			VEG THE PRE	A DOLLO ATION (A DELICATION ) WAS MADE
h Applicant			5,68 <u>0,343</u>		APPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	14	•	151,000	1	FOR REVIEW ON:
c. State	-   9	3	.00	1	
			9,160,000	DATE Mar	rch 31, 2003
d. Local	4		,00		NATIONIOT COVERED BY E. O. 10070
e. Other		•	00		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
e. Other	4	•	1,481,313	FOR REV	
f. Program Income	19	5	.00		
			0	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$		.00	Yes If "Yes,"	attach an explanation.
			6,472,656		
					FION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANC					
a. Type Name of Authorize			b. Title		c. Telephone Number
Jose Ramirez			City Administrator		559-626-5103
d. Signature of Authorized	Beprese	ntative ,			e. Date Signed
	- A	Land			1 91101103

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# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 For PTFP Use

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Revise	h	F	O	rm

For PTFP Use

APPLICATION PART	AP	ы	IC.	ΑΤΙ	ON	PART
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APPLICATIO	JN PARTI				2	Employer		
1. APPLICAI	NT					.# /ĖINĎ	-4765734	
Legal Name	Southern Califo	ornia Public Radio						
Organizational Unit	KPCC				Main Station	1/D00 F14	000	
Mailing Address (line 1)	1570 E. Colora	ado Boulevard			Call Letters	KPCC FM Radio	89.3 MHz	TV Channel
Address (line 2 if required)								
City	Pasadena			State CA	Co	unty Los Ange	eles Zi <sub>l</sub>	91106-2003
3. Administrati	ve Contact			E-mail rhall@mpr.org				
Mr., Ms.,	Dr. First Name	M. I.	Last Nam	e	Jr. etc	Position		
Mr.	Ron	<u>F</u>	Hall			Research	er	
Phone # <u>(651</u>	) 290-1163			Fax #	( 651 <sub>)</sub>	290-1260		
4. Engineering	Contact							
Full Mr. D	Doug Johnson						and the state of t	a de la companya del la companya de  la companya de
	ctor of Operation	ns		Phone	(626)	585-7189		CEWEL
	otor or operation							
	NFORMATION	5a. Enter "\ Reactiv	(" if ation N	5b. Old File #	FCC a	"Y" if new authorizations <u>N</u> quired	AF	R 3 2003
	) to classify project	D) = d1 = = (70) / = =	(D)		8. Lengt	h of	STATE	GLEARING HO
(P)lanning or (C)onstructio	on <u>C</u> (	R)adio or (T)V R or (RT) for both	or (BN) for	t or (N)onbroadcast B both		ct (# of	2	and the second s
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		1	ject and enter I	the estimated number of pe	ersons that t	ne project will be	enent	
A. New Broadd Station, Repea Translator; 1st	ater or	B. Broadcast Equipment Replacement,	· i	C. Digital TV Conversion	1 (	D. Nonbroadcast e.g. Distance	1	10. Enter the Priority or
origination		Augmentation ✓		***************************************	, A	earning Activation or Expansion		Category under which
FIRST servi		CURRENTLY served applicant.	by I	CURRENTLY served by applicant.	1	CURRENTLY se applicant.	erved by	you request the application be reviewed
ADDED SER covered by o	RVICE to those others	9,437,400	 1 1	Enter "Y" if a multi-year application	1	NEW service ad facility	ded by proposed	<u>4A</u>
•		**************************************			_		11 Single	
13. ESTIMA	TED FUNDING	(whole dollars)	14. Is appli	cant subject to review by Execut	ive Order 123	72?	11. Single Congressional District of Applicant	
a. Federal Requ	uest \$	56,127	Office	NO if state has no Single Point of Co of PTFP program is not selected for	state	vo	уфрами	27
b. Applicant Sha	are \$	56,128	revie	w. Otherwise enter Yes.	_!	<u>NO</u>		A 1-3, NY 4, 5-9)
c. TOTAL	\$	112,255		cant delinquent on any Federal l ES or NO. If YES, attach explar	Debt? lation.	NO	CA 27 (Head CA 24-39, 47	Iquarters), Also I, 42 44-47
d. Fed. % of elig	gible costs	50.00_ %						
16. CERTIFI	ICATION BY AU	JTHORIZED REPRE	SENTATI	VE To the best of my kno	wledne and	belief all data in	n this application	are true and correc
The document				ne applicant and the applicant Phone # (213) 621	cant will co			
Mr., Ms., Dr.	First Name	M. I.	Last Name	***************************************	Jr. etc	Position		
Mr.	Thomas	<u>W</u>	Davis	<u> </u>	-	President		
Signature of authoriz representative	zed	omcel ,	106	) .	Date	O3.	25.03	

signed

rhall

## Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

OMB Approval 0660-0003

Urgent replacement to remedy a shorta equipment.	ge of produc	ction cap	acity and	l streamlin	e a barely	y-managea	able work	load	through au	utomation
18. Types of Applicant (Enter appropriate letter in	box)			19. Statio	n	THIS	YEAR	1		F PROJECT
A. State J. Private University	,			Opera		Number	Hrs./W	/k	FUNI Number	Hrs./Wk
B. County K. Indian Tribe C. Municipal L. Individual (NOTE: Not e D. Township M. Non-profit	eligible for PTFP f	unding)		Full-	Time Staff	28	3	40	31	40
E. Interstate O. Other (specify) F. Intermunicipal G. Special District				Part-	Time Staff	17	7	20	19	20
H. Independent School District I. State Controlled Institute of Higher learning				\	/olunteers	250	)	1	250	1
<u>M</u>				Operati	ng Budget	\$	5,917,8	308	\$	6,918,000
20. Public Broadcasting Affiliations  Enter "Y" if applicant is currently CPB qualified	Check if nonb application ar Not Applicable	nd therefore e	e Q. 20		Members Enter "Y" PBS	hip in nationa as appropria NPR	al public bro te. NFCB	PRI	Other	Other
If applicant is NOT	f expected qual	ification	1	This year		Υ		Υ		
currently CPB qualified, enter "Y" if qualification is expected.		~~~		Next year		Υ		Υ		
Proposed Community of license  22. Yes (No) Have you applied to, inte	Channel #		CC File #	n another Fec		Site Name	piect or a re			ased
23. List all public radio, TV stations or ITFS facilitype signal to the proposed service area (1 MV for City  Los Angeles, CA  City  San Bernardino, CA  City  Los Angeles, CA	ties which provi	ide a simila i for TV). rs	ar 24 af thi (C Cc St	I. Areas fected by is Project cities, pounties, ates, c.)	KPCC's and sub commur station a	primary b urban Los nities, with also delive	roadcast Angeles a popula	Cou ition ng se	al serves a nty and su of 9,437,4 condary si tropolitan <i>i</i>	00. The gnal

1. TYPE OF SUBMISS				TTED	APPLICANT	
-	STANCE					
			3. DATE RECEIVE	D RY STATE	STATE ADDI	ICATION IDENTIFIER
				ם מיינים	STATE AFFE	ICATION IDENTIFIER
Application	Preapplication					
□ Construction     □	☐ Construction		4. DATE RECEIVE	D BY FEDERAL AGENCY	FEDERAL IDE	NTIFIER
☐ Non-Construction	☐ Non-Const	ruction				
5. Applicant Information						
.egal Name				Organizational Unit		
Teviston Communi	ty Services Dist	trict				
address (give city, county, st	ate, and zip code):			Name and telephone num	ber of the person to be	contacted on matters involving
P.O. Box T				this application (give area	code) .	
Pixley, CA 93256				Paul Boyer		
ixiey, OA 33230				(559) 651-1000		
. EMPLOYER IDENTIFICA	TION NUMBER (EIN):			7. TYPE OF APPLICANT	: (enter appropriate lett	er in box) G. Special District
77-0273435	, ,			A. State	H. Independent	
. TYPE OF APPLICATION				B. County		led Institution of Higher Learning
⊠New	☐ Continua	ation	□Revision	C. Municipal D. Township	<ul><li>J. Private Unive</li><li>K. Indian Tribe</li></ul>	ersity
Kall (1991)				E. Insterstate	L. Individual	
If Revision, select appropr	iate		Micros was a representation trap out transposition trap imprise property accounts to	F. Intermunicipal	M. Profit Organ	ization
letter(s) in box(es):			CEIVED	G. Special District	N. Other (Speci O. Non-Profit	fy):
A. Increase Award		116	-VLIVEL	9. NAME OF FEDER		
B. Decrease Award	į					
C. Increase Duration		AF	PR 3 2003		HODA Barrel B	
<ul><li>D. Decrease Duration</li><li>E Other (specify here):</li></ul>			-	A.C. Land	USDA Rural De	velopment
_ Office (specify field).						
		STATE	<b>CLEARING HOUS</b>	SE		
10. CATALOG OF FEDER	AL DOMESTIC ASSIS	TANCE NU	MBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT F	PROJECT:
	40 700 501					
	10.763 ECV	WAG				
2. AREAS AFFECTED BY	PROJECT (cities, cour	nties, states	s, etc.):	Emergency	/ replacement o	of pump and motor
				Emergency	replacement o	f pump and motor
Te	PROJECT (cities, cour eviston, Tulare Co	ounty, C	A		/ replacement o	of pump and motor
To 3. PROPOSED PROJECT	eviston, Tulare Co	ounty, C	A RESSIONAL DISTRI	CTS OF:		of pump and motor
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04/03/200	3 14:11 8	331582330F		GRANTS CO	NTRACTS		PAGE 02
APPLICATIO FOR PTFP FU OMB Approval OSED-0003 APPLICATIO	JND3	ic Telecom NTIA/Depart	ment of Comr CFD	merce/Washingto \ 1 <u>1</u> .550 no e	- AAAAAA	or PTFP	ck here if ised Form
1. APPLICA		]	M E G	E U V E	2. Employer ID # (EIN)	77-0387459	
Legal Name Organizational Unit Malling Address (line 1)			STATE	PR - 3 2003 CLEARING H	Main Station Call Letters Rec	M 90.3	TV Channel
If required)	Seaside			State CA	County Monte	rey Zi	93955-8001
3. Administrati			E-me	meg_bernhard	lt@csumb.edu		
	Dr. First Name Meg	M. I.	Last Name Bernhardt		Jr. etc Position Grants	& Contracts And	alyst
Phone # <u>(831</u>	) 582-4146			Fax#	(831) 582-3305		
Name -	Contact  Don Mussell  sulting Engineer			Englneer Phone	(831) 420-1571		
7. Enter letter(s (P)lenning of (C)onstruction		adio or (T)V R RT) for both  es the type of your project	on N (B)roadcast or (N) or (BN) for both		FCC authorizations are required  8. Length of Project (# of months)  rsons that the project will	18	
9. Check ONE I  A. New Broad Station, Reper Translator; 1st origination	cast 1	E. Éroadcaer Equipment Replacement, Augmentation	C. Digit		D. Nonbroadca (e.g. Distance Learning Activation or Expansion		10. Enter the Priority or Catogory under which you request
FIRST serv proposed fe	lce added by facility	CURRENTLY served by applicant.		RENTLY served by licant.	CURRENTL applicant.	Y served by	the application be reviewed
ADDED SE	RVICE to those others	536,200	mul!	er "Y" if a il-year ilcation	NEW service ( facility	added by proposed	4A
a, Faderal Red		whole dollars) 34,220 34,221	Enter NO II at	bject to review by Execut ata has no Singla Point of Co Pprogram is not selected for wise enter Yea.		11. Single Congressional District of Applicant  12. Other Cong, di project (e.g. P.	17 stricts served by A 1-3, NY 4, 5-9)
c, TOTAL	\$ 	68,441	15. le applicant de Enler YES or I	linquent on any Federal NO, If YES, sasch explan	Debt? NO NO		
The documen Rulos If the as Mr. MB., Dr.  Ms.  Signature of nutho representative	TICATION BY AU  In the been duly authorisistance is awarded.  First Name  Cynthia	50.00 %  THORIZED REPRES  orized by the governing  M. I.  E.	board of the app	olicant and the appliance # (831) 582	Jr. etc Position  Directe  Date signed	ata in this application the attached assure or, Office of Gran	nts & Contracts
Authorized for L	ocal Reproduction	mber	nhardt	1			

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8315823305

APPLICATION FOR PTFP FUNDS PAGE 2

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

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	· · · · · · · · · · · · · · · · · · ·	19. Statio	n	THIS	YEAR	NEX	T Y <b>EAR</b> IF	PROJECT
Types of Applicant (Enter appropriate letter in box)		Opera		Number	Hra./Wk	Nu	ımber	Hrs./Wk
State J, Private University County K, Indian Tribe Municipal L. Individual (NOTE; Not eligible for PTFP funding)		Full-1	I'me Staff	7		10	9	4
Township M. Non-proff Interstate O, Other (specify)			Time Staff	1		32	2	3
Intermunicipal Special District Independent School District		V	olunteers/	25		10	30	1
State Controlled Institute of Higher learning		Operatir	ng Budget	\$ .	375,00			398,00
Enter "Y" If applicant is currently CPB qualified  If applicant is NOT currently CPB qualified, enter "Y" if qualified, enter "Y" if qualification is expected.  New FCC Authorizations and/or New Sites required for this project		This year	PBS	Y	Y		Other	Other
Proposed Community of license Channel #	FCC File #			Site Name		Owne	d Leas	
			4.					
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Circle One)  Please provide information regarding which provide a spe signal to the proposed service area (1 MV for FM, Grado B for T City  Call Letters  City  Call Letters  City  Call Letters  KUSP  City  Call Letters  City  Call Letters	slmiler V).	24. Areas affected by this Project (Cities, Counties, States, Etc.)	Monter Santa San Be San M	rey County, Cruz Count enito Count ateo Count	CA y, CA y, CA y, CA	lated pro	oject?	

APPLICATION FOR			
FEDERAL ASSISTANC	E	2. DATE SUBMITTED	Application Identifier
			90CM0151/12
1 TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
{ } Construction	{ } Construction	4. DATE RECEIVED BY FEDERAL	AGENCY
{ X } Non-Construction	{ } Non-Construction		
5 APPLICATION INFORMA			
Legal Name: Economic Opport		Organization Unit:	
of San Luis Obis		Migrant and Seasonal Head	d Start
Address (give city, county, state		Name and telephone number of the personal	
1030 Southwood Driv		matters involving the application (gi	
San Luis Obispo Coul	nty	William Castellanos (805) 54	
San Luis Obispo, CA	93401	FAX # (805) 549-8388	
6 EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER (EIN):	7. TYPE OF APPLICANT (enter appropr	riate letter in box) { N }
95-2410253		A. State	H. Independent School Dist.
8 TYPE OF APPLICATION		B. County	I. State Controlled Institution
		C. Municipal	of Higher Learning
( ) New ( ) Continuation		D. Township	J. Private University
"One Time Only Proje	ct STEP funds"	E. Interstate	K. Indian Tribe
		F. Intermunicipal	L. Individual
If Revision, enter appropriate		G. Special District	M. Profit Organization
A. Increase Award	B. Decrease Award		N. Other (Specify)
C. Increase Duration	D. Decrease Duration	O NAME OF FEDERAL AGENOY	Community Action Agency
Other (Specify):		9. NAME OF FEDERAL AGENCY:	F =111 = -
		Administration for Children and	
10 CATALOG OF FEDERAL DO	MESTIC	Office of Human Development S  11. DESCRIPTIVE TITLE OF APPL	
TO CATALOG OF TEDERAL DO	WESTIG	THE DESCRIPTIVE THEE OF AFFE	ICANTS PROJECT.
TITLE: Migrant Head Star	+	Application for Project STEP fur	nds as ner AACYE-IM-HS-03-01
		, , , , , , , , , , , , , , , , , , ,	RECEIVED
12 AREAS AFFECTED BY PRO	JECT (city, counties, states, etc.):	7	
San Luis Obispo, Orange, Ve	ntura, Santa Barbara, Monterey,		APR 1 2003
Kern, San Benito, Fresno Col	unties		APR 1 2003
			gray water at employee
13 PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS	STATE CLEARING HOUSE
Start Date	Ending Date	a. Applicant	b. Project
9/1/2002	8/31/2003	22	17,19,20,21,22,23,46
	***************************************	16. IS APPLICATION SUBJECT TO RE	VIEW BY STATE EXECUTIVE
15 ESTIMATED FUNDING:		ORDER 12372 PROCESS?	
a Federal	11,966		
b Applicant			
c State		THE STATE EXECUTIVE ORDER 12372	
		DATE	::
d Local	004	DATE b. NO ( F4) PROGRAM NOT COVERED	E: D BY E.Q. 12372
e Other/ In-Kind	901	DATE b. NO (F4) PROGRAM NOT COVERED OR PROGRAM HAS NOT BEEN SELEC	ETED BY STATE FOR REVIEW
e Other/ In-Kind f Program Income		DATE  b. NO ( F4) PROGRAM NOT COVERED  OR PROGRAM HAS NOT BEEN SELECT  17. IS THE APPLICANT DELINQUENT	E: D BY E.Q. 12372 CTED BY STATE FOR REVIEW OF ANY FEDERAL DEBT?
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e Other/ In-Kind f Program Income g TOTAL  18 TO THE BEST OF MY KNOWLED	\$ 12,867 DGE AND BELIEF, ALL DATA IN THIS APPI	DATE  b. NO (F4) PROGRAM NOT COVERED OR PROGRAM HAS NOT BEEN SELECT  17. IS THE APPLICANT DELINQUENT () YES If "Yes" attach an explana  LICATION PREAPPLICATION ARE TRUE AND CO	ETED BY E.Q. 12372  CTED BY STATE FOR REVIEW  OF ANY FEDERAL DEBT?  tion.  ORRECT THE
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e Other/ In-Kind f Program Income g TOTAL  18 TO THE BEST OF MY KNOWLED DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TO	\$ 12,867  DGE AND BELIEF, ALL DATA IN THIS APPI AUTHORIZED BY THE GOVERNING BODY  HE ASSISTANCE IS AWARDED	DATE b. NO (F4) PROGRAM NOT COVERED OR PROGRAM HAS NOT BEEN SELECT 17. IS THE APPLICANT DELINQUENT ( ) YES If "Yes" attach an explana LICATION PREAPPLICATION ARE TRUE AND COOF THE APPLICANT AND THE APPLICANT WILL	E:  D BY E.Q. 12372  CTED BY STATE FOR REVIEW  OF ANY FEDERAL DEBT?  tion.  ORRECT THE  L COMPLY WITH THE
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e Other/ In-Kind f Program Income g TOTAL  18 TO THE BEST OF MY KNOWLED DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TO a. Typed Name and Authorized Placido Rivera Elizabeth "Biz" Steinberg	\$ 12,867 DGE AND BELIEF, ALL DATA IN THIS APPI AUTHORIZED BY THE GOVERNING BODY HE ASSISTANCE IS AWARDED Representative(s):	DATE  b. NO (F4) PROGRAM NOT COVERED OR PROGRAM HAS NOT BEEN SELECT  17. IS THE APPLICANT DELINQUENT () YES If "Yes" attach an explanal LICATION PREAPPLICANT AND THE APPLICANT WILL  b. Title(s):	D BY E.Q. 12372 CTED BY STATE FOR REVIEW OF ANY FEDERAL DEBT? tion. ORRECT THE L COMPLY WITH THE  c. Telephone Number  (805) 544-4355
e Other/ In-Kind f Program Income g TOTAL  18 TO THE BEST OF MY KNOWLED DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TO a. Typed Name and Authorized Placido Rivera Elizabeth "Biz" Steinberg d. Signature(s) of Authorized Re	\$ 12,867 DGE AND BELIEF, ALL DATA IN THIS APPI AUTHORIZED BY THE GOVERNING BODY HE ASSISTANCE IS AWARDED Representative(s):	DATE b. NO (F4) PROGRAM NOT COVERED OR PROGRAM HAS NOT BEEN SELECT  17. IS THE APPLICANT DELINQUENT () YES If "Yes" attach an explana LICATION PREAPPLICATION ARE TRUE AND COOF THE APPLICANT AND THE APPLICANT WILL  b. Title(s): MHSH PC Chairperson Executive Director	ETED BY E.Q. 12372  CTED BY STATE FOR REVIEW  OF ANY FEDERAL DEBT?  tion.  ORRECT THE  L COMPLY WITH THE  C. Telephone Number

PPLICATION FOR				A. E. Aldentifier		
EDERAL ASSISTAN	ICE	2. DATE SUBMITTED	!	Applicant Identifier		
		3. DATE RECEIVED BY	STATE	State Application Identifier		
TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED DI	0.,,,,			
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
APPLICANT INFORMATION			Organizational Unit:			
egal Name: County of Los Ang	eles		Community De	velopment Commiss	ion	
ddress (give city, county, State,	and zip code):		Name and telephone	number of person to be contact	ted on matters involving	
2 Coral Circle			this application (give a Edna Bruce	(323) 260-2280		
Monterey Park, CA	91754		Barbara Bai	z (323) 260-3968		
EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (enter appropriate letter i	n box)	
	596			H. Independent School Dist.	В	
9 5 3 7 7	1519 6		A. State B. County	I. State Controlled Institution	of Higher Learning	
. TYPE OF APPLICATION:			C. Municipal	J. Private University	F GEORIN	/ED
X Nev	v Continuation	Revision	D. Township	K. Indian Tribe	2 L Senson San Bester E	or specialist biology.
Revision, enter appropriate let			E. Interstate	L. Individual	APR 1	2003
Revision, enter appropriate let	ter(s) in box(cs)		F. Intermunicipal	M. Profit Organization	7111\ *	2003
A. Increase Award B. De	crease Award C. Increa	se Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other			9. NAME OF FEDER	AL AGENCY:	STATE CLEARIN	G HOUS
			National Te	lecommunications	Information	Adm
				ment of Commerce		
			11 DESCRIPTIVE T	TITLE OF APPLICANT'S PRO	JECT:	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE	NUMBER:				
		11 - 5 5 2	The County	is the lead agency	y of a multi-	
mini ti. m. 1 1	0	a Program	jurisdiction	nal project which	Will Create	
TITLE: Technolo	OJECT (Cities, Counties,	States, etc.):	jobs, provi	de public informa	cion, and	
12. AREAG ATTEGREE	•		educational	opportunities th	Lough	
County of Los A	ngeles		innovative	technology.		1
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:				_
Start Date Ending Date	a, Applicant		b. Project			
10/1/03 3/31/05	31		24-	41 ON SUBJECT TO REVIEW BY	STATE EXECUTIVE	-
15. ESTIMATED FUNDING:			· ·			
		00	ORDER 12372	PROCESSI		ľ
a. Federal	\$	600,000	a. YES. THIS PF	REAPPLICATION/APPLICATION	ON WAS MADE	
	\$	.00	AVAILA	BLE TO THE STATE EXECUT	IVE ORDER 12372	
b. Applicant	] \$	400.000	PROCE	SS FOR REVIEW ON:		
c. State	\$	.00	DATE	3/27/03		
		1:0	DATE -	212114		
d. Local	<b>!</b> \$	•	b. No. TI PROG	GRAM IS NOT COVERED BY	E. O. 12372	
		200,000	ORPI	ROGRAM HAS NOT BEEN SE	ELECTED BY STATE	
e. Other	\$	•	FOR	REVIEW		
. D	S	.00		CALL AND	VEEDERAL DERTS	_
f. Program Income	Ψ			CANT DELINQUENT ON AN		
g. TOTAL	\$	1,200,000	Yes If "Ye	s," attach an explanation.	X No	
9		W TING ADD	U ICATION/PREAPPLI	CATION ARE TRUE AND CO	RRECT, THE	
						1
18. TO THE BEST OF MY KI	OWLEDGE AND BELIEF	, ALL DATA IN THIS APP COVERNING BODY OF	THE APPLICANT AN	D THE APPLICANT WILL CO	MPLY WITH THE	1
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE	GOVERNING BODT OF	THE APPLICANT AN		MPLY WITH THE	
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APR 1 2003

STATE CLEARING HOUSE

U.S. Department of Transportation

**Federal Transit Administration** 

### **Application for Federal Assistance**

Recipient ID:	1657
Recipient Name:	CITY OF MONTEBELLO
Project ID:	CA-90-Y195
Budget Number:	1 - Budget Pending Approval
Project Information:	FY03; Repower,Tires,Cameras,Stops,UFS

### **Part 1: Recipient Information**

Project Number:	CA-90-Y195
Recipient ID:	1657
Recipient Name:	CITY OF MONTEBELLO
Address:	400 S. TAYLOR , MONTEBELLO, CA 90640 0000
Telephone:	(323) 887-4658
Facsimile:	(323) 887-4643 RECEIVED

### **Union Information**

Recipient ID: 1657 Union Name: MONTEBELLO BUS OPERATOR ASSOCIATION (MBOA) 1012 W BEVERLY BLVD Address 1: Address 2: City: MONTEBELLO, CA 90640 Contact Name: ART SALAIZ (323) .72-2.41 Telephone: Facsimile:

### **Part 2: Project Information**

Project Type:	Grant	Gross Project	\$3,554,882
Project Number:	CA-90-Y195	Cost:	
Project	FY03:	Adjustment Amt:	\$0
Description:	Repower,Tires,Cameras,Stops,UFS	Total Eligible Cost:	\$3,554,882

APPLICATION FOR				OMB Approval No. 0346	)-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED April 1,	2003	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Application Construction	Preapplication Construction	/ DATE DESCRIVED DV			
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01497	
5. APPLICANT INFORMATION					
Legal Name: California - Department o	f Parks and Recreation	n	Organizational Unit: California Depart	ment of Parks and Recreation	
Address (give city, county, State,	and zip code):	- n nn 12 I	1 1	number of person to be contacted on matters inv	/olvin
	cramento 067 6	BOVE	this application (give a) Charlie Willard	rea code)	
California 06 94 6. EMPLOYER IDENTIFICATION	296-0001)		(916) 651-8597	NT: (enter appropriate letter in box)	
	APF	1 - 1 2003  E	A State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning	9
☑ Now	Continuation	E / Revision OU	C. Municipal	J. Private University	
If Revision, enter appropriate lette	er(s) in hovings		D. Township E. Interstate	K. Indian Tribe L. Individual	
In wearing appropriate lette	ci(8) iii box(68)	L	F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decr	rease Award C. Increase	Duration		N. Other (Specify)	
D. Decrease Duration Other(s	specify):				
			<ol><li>NAME OF FEDERA Department of the</li></ol>		
				vice - Western Region 1443	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NIL	MRED.		LE OF APPLICANT'S PROJECT:	
TO, OXINEOU OI TEDERAL DO	_			<del></del>	
	L	1 5 - 9 1 8	Mt. Diablo Silva A	ACQ.	
	ation - Acquisition, Deve		California Dept. o	f Parks and Recreation (DPR)	
12. AREAS AFFECTED BY PRO 06-13882	IJECT (Cities, Counties, Stat	199, 81C.);	DPR Bay Area Di		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
10/1/02 6/30/06	a. Applicant 03		b. Project	10	
15. ESTIMATED FUNDING:	-			SUBJECT TO REVIEW BY STATE EXECUTIV	E
a. Federal	\$	84	ORDER 12372 PR	OCESS?	
b. Applicant		534,000		PPLICATION/APPLICATION WAS MADE	
c. State	\$	534,000		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON;	
d. Local	\$	00	DATE	04/01/03	
G. LOCAI	\$	• • •	t No T PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	\$	, OS		RAM HAS NOT BEEN SELECTED BY STATE	
f. Program Income	\$	90			
			17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?	
g, TOTAL		,068,000		ttach an explanation. No	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE		ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF T				- Totashana Numbag	
<ul> <li>Type Name of Authorized Representation</li> <li>Ruth Coleman</li> </ul>		b. Title Acting Director, Par		c. Telephone Number (916) 653-7423	
d. Signature of Authorized Repres				e. Date Signed	

APPLICATION	Publi	ic Telecom	munications Fa	icilities Prog	JI WIII Revise	nere II ad Form
FOR PTFP FUN	NDS	NTIA/Departr	ment of Commerce/Washing CFDA 11.550	ton DC 20230 For	PTFP	
APPLICATION	N PART I			2. Employer	ari 	
1. APPLICAN			GEIVE	10 # (EIN) <u>6</u>	8-0393101	
	West Marin Com	munity Radio		S.C. a see	nera rassalese silasificialeses (1717-1757), il alta arabas esta esta esta esta esta esta esta es	and the second s
Organiszatkonai Unit	KWMR	A	PR = 1 2003   U	Main Station - KWMR F	management of the contract of	
Mailing Address	P.O. Box 1252		667 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i.etters Rom	s MHZ T	Charanal
it is districted.	11431 State Rou	INIAIP	CLEARING HOUSE	County Marin	<i>ጀ</i> ነላ	94956-
	Pt. Reyes Station	0	E-mail Kay@KWMI	A SWAY SACORED.	Mark 55	. La la colo de la col
3. Administrativ	e Contact				Wasian 1997	- odde na zin s son o o odde demokrati a i i sektra prika ing ( mg magan
Me, Me., I	Dr. First Name	M. I.	Last Name	Jr. etc Position Station	Manager	
Ms.	<u>Kay</u>	Sealth State Conference Control of the Control of t	Clements	Fig. 24.2 g. 2 f. 2 g. 2 g. 2 f. 3 f.	S. W. I. Applie S. Charles and S. A. Charles and S. Ch	ar partir partir partir partir de la companya de la
Phone # (415)	663-8068		Fax #	(415) 663-0746	an-arassa	$\sim 80^{\circ}$ S will from 8 Symptoms when Seri almost constraints from Serie .
4. Engineering	Contact					
Full Mr. D Name	Jonald Mussell	and a security of the designation of the property of the designation of the security of the se	Engine Phone			
Tille Broad	dcast Engineer	y A Marin y garra d a g la day a mala ha a maha	n andre en plantagalline to No. The en ent enter the ent	( 831 <sub>)</sub> 420-1571	73A - 1,114 (FA) 12 1 1 1 7 73 14(	
PROJECT IN	FORMATION	Sa. Enter "Y" Readival	if 5b. Old on N File#	6. Enter "Y" if new FCC authorizations	Y	n yn Lleiden. Yn caeff y nedd i deiliddiolein amfan E.C. o the plante Effertion an ar the fill and a fill and a
7 Forer lamer(s):	to classify project	P. CO. Live and	VIII - 199 10	are required	ou miles recommendation in	
(P) yanning or		ledic or iT/V R	(B)roadcast or (N)onbroadcast B	8. Length of Project (# of	er Are	
(C) construction	r in	)adlo or (T)V R (RT) for both	or (BN) for both	months)		
a Check ANF b	ne which hest descrit	bas the type of your projet	ct and enter the estimated number of	persons that the project will	parafit	
	1	B. Broadcast	C. Digital FV	D. Nontroesicas		10. Enter the
A. New Broads Station, Repeal Translator: 1st	iter or	Equipment Replacement	Conversion	(e.g. Distative Learning Activation or	ii m	Priority or Celegory
orlgination		Augmentation V		Expansion	naturalise en para de la la compania de  compania del compania de la compania del la compania de  la compan	under which you request the application
FIFIS L service proposed fac	ce added by clifty	CURRENTLY served by applicant.	CURRENTLY served by applicant.	CORRENTLY appleant	and Add th	pe tenemed
gamenta and an analysis of the state of the	2 	<u> व्यक्तिमाण्डसः</u>		and an automotive of the second secon	(Amount of the Amount of the A	
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13. ESTIMA	TED FUNDING (	whole dollars)	14. Is applicant subject to review by Exe		Cleation of Applicant	6
a. Federal Requ	<b>建</b>	48,975	Enter NO It state than no Sangla Polint o Office of PIFP program is not selected review. Otherwise enter Yea.	I for siste NO	tž. Other Doog, dish	riote searced the
b. Applicant Sha	wa \$	16,500			none	Fa, NY 4, E-9)
c, TOTAL	<b>\$</b>	65,475	15. Is applicant delinqueral on any Fiede Enter YES or NO. If YES, attach axi	ral Detd? olamation. <u>NO</u>	, a (1984 ) 1 387	
d. Fed. % of eliq	gible costs	74.80 %				**************************************
A CO LA CO COMPANY OF THE PROPERTY OF THE PROP	INATION BY ALL	THORIZED REPRES	SENTATIVE To the book of our	knowledge and belief, all dat	in in this modication a	re true and correc
The designant	has been duly sulf	brized by the governing	board of the applicant and the at	oplicant will comply with th	e ellecture assurant	ces and the PTF
Rules if fire ass	ustance is inverded.	₩t. β.	Phone # (415 ) 6	163-1634 Jr. etc. Position	nan na	en, nazny (n) hinnkinki nazna nizniżka:
Mr., Mx., Dr.	First Nation	·¥1. F.		•••	ent / KWMR Boar	d of Directors
Ms.	Claire		Peaslee	: 193100		**************************************
	GIBHO	A CONTRACTOR OF THE PROPERTY O	ACCOMMENDED TO THE PROPERTY OF	Park-		
अस्त्र सम्मानात्त्रम् । इ.स्ट्रामात्रम् । स्वत्रम् ५००	and the second recommendation are of the filter constitution of the filter of the filt	a construction of the cons		Date signed		<b>d</b> The rest de 2 de

APPLICATIO	2. DATE SUBMITTI		Applicant Identifier	Applicant Identifier			
FEDERAL ASSISTANCE		M	March 2003				
1. TYPE OF	JOIO I AINOL	3. DATE RECEIVE	D BY STATE	State Application Identi	fler		
SUBMISSION:  Application Preapplication  Construction Construction			D BY FEDERAL AGEN				
Non-Construction     ■     Non-Construction     Non-Constructio	☐ Non-Construction						
5. APPLICANT INFO	RMATION		Organizational Ur	,i+	***************************************		
Legal Name: County of San Lu	is Obispo, California		1 ~	of General Services			
Address (give city, count County of San Lu Department of Ge 1087 Santa Rosa S San Luis Obispo,	is Obispo neral Services Street		this application (g	ne, Airports Manager	contracted on matters involving		
EMPLOYER IDENTIFICA	ATION NUMBER (EIN):		7. TYPE OF APE	PLICANT: (enter appropriate lette	er in box) B		
	6 0 0 0 9	3 9	A. State B. County C. Municipal D. Township E. Interstate	H. Interdependent S I. State Controlled I J. Private University K. Indian Tribe L. Individual	chool District nstitution of Higher Learning		
	New Continuation	Revision	F. Intermunicipal	M. Profit Organization	1		
If Revision, enter appropri			G. Special Distric	ix. Other (Specify)			
A Increase Award		e Duration					
D Decrease Duration		e Duration		2504 4051101/			
			9. NAME OF FEI	DERAL AGENCY Ition Administration			
1							
10. CATALOG OF FEDERAL	DOMESTIC		11. DESCRIPTI	VE TITLE OF APPLICANT'S PR	DIECT:		
ASSISTANCE NUMBER	2 0.1	0 6	Airport Mas	ter Plan RECEIV	ヒリ		
TITLE: Airport Improve		ت ت					
12. AREAS AFFECTED	BY PROJECT (cities, counties, states, etc.	c.):	1	APR 1	2003		
San Luis Obispo (	County, California						
				STATE CLEARIN	G HOUSE		
13. PROPOSED PROJE	ECT 14. CONGRESSIONAL DISTR g Date a. Applicant	RICTS OF		b. Project			
1 1	0/04 #22			#22			
15. ESTIMATED FUNDI				IEW BY STATE EXECUTIVE C			
a. Federal	\$ 150,000 .00 E			N/APPLICATION WAS MADE A RDER 12372 PROCESS FOR R			
b. Applicant	\$ 9,167 .00						
c. State	\$ 7,500 .00	DA <sup>-</sup>		24, 2003			
d. Local	\$00	b. NO		OT COVERED BY E. O. 12372			
e. Other	\$00		OR PROGRAM H	AS NOT BEEN SELECTED BY	STATE FOR REVIEW		
f. Program income	\$00	17. ISTHE APPLICA	NT DELINQUENT C	N ANY FEDERAL DEBT?			
g. TOTAL	\$ 166,667 <sup>.00</sup>	<u> </u>	s, attach an explana		No No		
AUTHORIZED BY THE ( AWARDED	MY KNOWLEDGE AND BELIEF, ALL DAT GOVERNING BODY OF THE APPLICANT				ANCES IF THE ASSISTANCE IS		
a. Typed Name of Authorized Representative Duane P. Leib  b. Title General Services Direct			or		c. Telephone number (805) 781-5200		
Signature of Authorize					e. Date Signed		
1 / 5	Proil				X3/25/03		
Previous Editions Not Us	sable				Standard Form 424 (REV 4-88)		

APPLICATION FOR FEDERAL ASSISTANCE 2		2.Date Submitted			OMB Approval No. 0348-0043 Applicant Identifier				
1. TYPE OF SUBMISSION:	3.Date P	eccived by State	State Appl	ication Iden	tifier				
Application Preapplication    Construction   Construction   Nonconstruction   Noncon	4.Date R	ec'd by Fed Agency	Federal Id		O E O V E				
5. APPLICANT INFORMATION Legal Name		Organizational Uni	L						
State Water Resources Control Board		Division of Wat			1 1. J.X. L. A. Z.J. A. H				
Address (give city, county, state, and zip code):		Name and telephone			193 pn MAPR = 1, 2003,				
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Jim Maughan (916) 341-5522	lication (g	ive area sol	TATE CLEARING HOU				
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICAN	T:(enter ap	propriate le	Car in bose A				
6   8     0   2   8   1   9   8   6   8. TYPE OF APPLICATION:		A. State B. County C. Municipal	I. St	dependent Sc ate Institut ivate Univer	e Higher Learning				
New Continuation X Revi	sion	D. Township E. Interstate	K. In	dian Tribe	<b>:</b>				
If Revision, enter appropriate letter(s) in box(es	;} :	F. Intermunicipal G. Special Distric	M. Pr	ofit Organiz					
A. Increase Award B. Decrease Award		İ		ner (specity	) :				
C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL							
Other (Specify)		U.S. Environmen	tal Protect	ion Agency					
10.CATALOG OF FEDERAL DOMESTIC		11.DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJE	CT:				
ASSISTANCE NUMBER 6 6 - 4 6	3	Develop and impl	ement wavs	to eliminate	water pollution.				
TITLE: Water Quality Cooperative Agreements			4						
12.AREAS AFFECTED BY PROJECT(cities, counties, state	s,etc)								
California									
13.PROPOSED PROJECT		   ESSIONAL DISTRICT O							
Start Date Ending Date	a. Appli			b. Project					
7/1/02 12/31/03	3			California	All				
15. ESTIMATED FUNDING 16.IS	APPLICATI	ON SUBJECT TO REVIE	W BY STATE	EXECUTIVE OR	DER 12372 PROCESS?				
a. Federal a. YE		reapplication/Appli ive Order 12372 pro			le to the State				
b. Applicant \$ .00		April 1, 2003							
c. State	. — .	-	d by E0 133	****					
d. Local		ogram is not covere	-						
e. Other	Or	program has not be	en selected	by state fo	r review.				
	THE APPLI	CANT DELINQUENT ON .	ANY FEDERAL	DEBT?					
Income \$ .00									
\$ 470,000.00   18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DA DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVER	NING BODY	S APPLICATION/PREAP OF THE APPLICANT A	PLICATION A	RE TRUE AND	CORRECT, THE OMPLY WITH THE				
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARD									
a. Typed Name of Authorized Representative	á	. Title			c.Telephone Number				
Celeste Cantú	-	Executive Directo	r		(916) 341-5615				
d. Signature of Authorized Representative					e. Date Signed				
Previous Editions Not Usable  AUTHORIZED FOR	LOCAL RE	PRODUCTADO E G			Standard Form 424 (Rev 7-97) scribed by OMB Circular A-012				
	-	APF	<b>7 -</b> 1 20	003					
		STATE CI	EARIN	G HOUSE					

APPLICATION FOR FEDERAL ASSISTANCE				-				
		2. DATE SUBMITTED	Applicant Identifier		E G	E I	W	厚
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application is	antifiee/		ل دنا		
Application	Preapplication			<u> </u>	A prop non			
Construction	Construction	4. DATE RECEIVED BY FEDERAL ACENCY	Foderal Mentitler		APR	- 1	2003	)
X Non-Construction								
5. APPLICATION INFORM				CTA:	TE OIL	= A F)	8173.1	
Legal Name		Organization Unit		WIM		:AKII	NUT	104
SIERRA ECONOMIC DEVE	ELOPMENT DISTRICT	·						
Address (give city, county, state, an		Name and telephone number of the pe	rson to be contac	ted on m	atters invo	lving		
560 WALL STREET STE F		this application (give area code)						
PLACER COUNTY		EUZADETH DILEY (520) 923 4703						
AUBURN CA 95603		ELIZABETH RILEY, (530) 823-4703						
6. EMPLOYER IDENTIFICATION	IUMBER (EIN)	7. TYPE OF APPLICANT (enter appropriate letter in box) [N]						
94-17050 <u>43</u>	ı	A. State H. Independent School Dist.  B. County I. State Controlled Institution of Higher Learning						
8. TYPE OF APPLICATION		B. County			titution of h	iigner L	earning	
[] New [X] Continu	ation [] Revision	C. Munidipal	<ul><li>J. Private Unit</li><li>K. Indian Trib</li></ul>					
	A. 1. 7. N	D. Township E. Interstate	L. Individual	-				
If Revision, onter appropriate letter(s	s) in box(s) B, Decreaso Award	F. Intermunicipal	M. Profit Orga	inization				
A, Increase Award C. increase Duration	D. Decreaso Duration	G. Special District	N. Other (Spe		EDD			
Other (specify)	D, Decredad Deraids.							
Other (apeony)		P. NAME OF FEDERAL AGENCY						
10. CATALOG OF FEDERAL DOM	ESTIC ASSISTANCE	ECONOMIC DEVELOPMENT ADMINISTRATION						
NUMBER	11-302	11, DESCRIPTIVE TITLE OF APPLICATION PROJECT:						
TITLE:								
		E DE LOCALIDADE DE LA CONTRACTOR DE LA C	C OL A NINHALO	DDAG	MAG			l
12. AREAS AFFECTED BY PROJ		ECONOMIC DEVELOPMENT PLANNING PROGRAM						
(cities, counties, states, etc.	)							
EL DORADO, NEVADA, PL	ACER &							
SIERRA COUNTIES	) 10C. ( a							_
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:						
Start Date	Ending Date	a. Applicant	b. Project					
4/1/03	3/31/04	JOHN DOOLITTLE 4	1 JOHN	DOOL	ITTLE	4		
15. ESTIMATED FUNDING:		15, IS APPLICATION SUBJECT TO REVIEW BY	STATE EXECUTIVE					ļ
a, Federal	\$ 76,000	ORDER 12372 PROCESS7						
b. Applicant		II. YES THIS PREAPPLICATION/APPLICATION	WAS MADE AVAILA	BLE TO TH	E STATE			
c. State		EXECUTIVE ORDER 12372 PROCESS FOR RE	VIEW ON:					
	\$ 25,333	DAT	E	2/1/0	)3			
d, Local		P 3						
e. Other		, <u> </u>		O DEVIC	·w/			
f. Program Income		OR PROGRAM HAS NOT BEEN 5		-OK REVIL	. * *			$\dashv$
g. TOTAL	\$ 101.333	17. IS THE APPLICANT DELINQUENT ON ANY						
			X   No	NT				-
18.TO THE BEST OF MY KNOWLEDGE AND	BELIEF, ALL DATA IN THIS APPLIC	ATION/PREAPPLICATION ARE TURE AND COR	ATTACHED	-171		-		$\neg$
		T AND THE APLICANT WILL COMPLY WITH THE						
assurances if the assistance is awa a. Typed Name of Authorized Repres		b. Tiue	c. Telaphone numb	aí.				
• •		PRESIDENT (530) 823-4703						
ELIZABETH RILEY d. Signature for Authorized Represent			c. Date Signed				_	
DI LIST	200		1-28-	03				